

The social construction of anorexia and bulimia nervosa with a focus on pro-ana and
pro-mia websites

by

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Abstract

This research looks at the social construction of anorexia and bulimia nervosa. A discourse and content analysis of pro-anorexia and pro-bulimia websites was conducted to determine whether or not this sub-culture and group of individuals fulfilled the criteria of a social movement. Findings found that individuals living a pro-ana and pro-mia lifestyle choice demonstrated various forms of resistance against the discourses and practices defining anorexia and bulimia as illnesses. With the information gathered in relation to the theoretical approach to social movements, pro-ana culture seems to fulfill the dimensions to be considered a proto social movement.

Keywords: Anorexia, Bulimia, Pro-anorexia, Pro-bulimia, Pro-ana, Pro-mia, Thinspiration, Social Movements, Discourses, Social construction, Lifestyle.

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Introduction

According to medical and psychological research, eating disorders are amongst the highest mortality rates, compared to other psychiatric illnesses. Eating disorders tend to be pretty gender specific and can affect between 1-4% of young women (Boero & Pascoe, 2012: 32). Eating disorders continue to be on the rise as diagnoses have risen nearly 50% since the 1970's. Now, with the presence of online support communities this trend may continue to rise well into the 21st century (Boero & Pascoe, 2012: 33). According to Fox and his colleagues (2005), pro-ana is considered a radical movement that has suffered a massive backlash from the media because it promotes anorexia to young women as a diet or a lifestyle. This pro-anorexia movement is said to challenge conventional medical, social and feminist models that regard anorexia as a disease or disorder that is to be cured by seeking treatment. Concretely, the Internet is being used as an alternative space where women with anorexia can meet and find support away from the public sphere and it serves as a sanctuary free of judgement. Women have needed to find new and creative ways to connect and support one another because of the major backlash associated with the pathologized, misunderstood, labelled image of an 'eating disorder' (Dias, 2003: 31-32). Fox and his colleagues (2005) explain this anti-recovery model where individuals are supported and can share their experiences without fear of being judged by others around them. But with this continual support by other like-minded individuals, anti-recovery is prolonged because these individuals are helping and encouraging each other to remain perpetually ill and thin. Individuals who engage in these pro-ana sanctuaries do not view being anorexic as a condition that needs treatment.

Rather, they look at it as safely managing a dangerous condition. This underground movement is facilitated by the use of the Internet even though it is heavily scrutinized (Fox et. Al., 2005: 945). These pro-anorexia websites challenge the convention medical models of extreme eating behaviours. Pro-ana has become a way of painfully not dealing with the various factors that lead to anorexia in the first place. These websites and underground movements have found a way to normalize these behaviours by allowing individuals to communicate with each other and by offering support, advice and rituals that are essentially dangerous and very risky to a persons health (Fox et. Al., 2005: 967).

This sociological research will look at the pro-anorexia and pro-bulimia lifestyle choices of these individuals through the analysis of their pro-ana and pro-mia websites and how they can be resistant to the dominant viewpoints of experts who portray them as being ill. Opposed to building upon the already abundant psychological discourse surrounding eating disorders, I will focus on the motives explaining why individuals resort to anorexia and bulimia as a lifestyle choice, commonly referred to as pro-ana or pro-mia.

More precisely, this research on pro-ana and pro-mia websites will focus on analyzing these websites as forms of social movements resistance to discourses and practices which define anorexia and bulimia as types of sicknesses, problems or deviances.

In order to do this research, I will conduct a content analysis of several pro-ana and pro-mia websites. The websites chosen will be the most current and up to date as well as the most high traffic sites. The content of the websites will be analyzed according to the criteria which defines social movements.

This thesis will consist of three major chapters. The first chapter will discuss several sociological perceptions of eating disorders. I will be discussing the limitations of non-sociological viewpoints and paradigms as well as looking at the various literature surrounding pro-ana culture, the media and aesthetic labour practices regarding body image and success in the work force. The second chapter will be discussing the history of eating disorders as well as its medicalization. It is this medicalization which is resisted by the pro-ana movement. The Diagnostic and Statistical Manual (DSM) criteria will be discussed for both anorexia and bulimia nervosa and new changes for the DSM-5 will be noted. The third and final chapter will be the analysis of the pro-ana and pro-mia websites as modes of resistance being part of some type of radical movement or at least a proto-movement. This chapter will discuss the theory of new social movements as well as provide the discourse and content analysis of the websites in terms of the criteria defining social movements. By listening to the voices, values and perceptions of these individuals and their movement, in order to have a better understanding of this phenomenon, it can help other people such as, parents, friends, helpers, etc. to re-connect with individuals with anorexia and bulimia. This is especially important because it could potentially shed some light and a different perspective for medical professionals attempting to treat these individuals but who are approaching them solely from a pathological viewpoint. For the people who resist to this viewpoint, the hegemony of the pathological mode of identification and treatment can create a reinforcement of the resistance briefly explained before. In this logic, it can become really difficult, if not impossible, to connect to them in any positive way. Once again, this is why it is important to look at the motives of these resisters even if and when their discourses and behaviours seem to be so disconcerting.

Chapter 1

Sociology and Eating Disorders

1.1 Social explanations of eating disorders

Through the development of its criteria and procedures (including the diagnosis and the treatment), the psychological and medical treatment of ‘eating disorders’ individualized the problem without really listening to the individual. The latter is diagnosed and treated without understanding how the person sees himself/herself and his/her condition. The sickness is an objective reality which can be detected by using objective criteria. The medical model pathologizes anorexia as a disordered condition which stems from some psychological factor that occurred during an individual’s life course (Fox et. Al., 2005: 950). A common focus is on the different mental health issues associated with disordered eating behaviours.

It has been noted that this individualizing and objectification process raises significant issues towards the social nature of the body. For instance, we know that the issue of body image is prevalent today and the images that are portrayed through the media encourage individuals to achieve a certain idealistic body image and beauty. This is a common issue that can plague both men and women. The mass media constantly taunts us with images of models, celebrities and fashion through television, movies, magazines and advertisements. A lot of these images usually portray perfect and ‘beautiful’ people, not an average everyday man or woman. So although it is understandable from a capitalist perspective that beauty, sex and other idealistic images will help sell products to the consumer world, it is the devastation and mutilation that it

causes to men and women's mental and physical states that is actually unfathomable. There are so many restraints that are individually placed on men and women in society, but body image goes far beyond one's own insecurities and it can become a type of imprisonment and even obsession for most individuals. Corporations, advertisements and media have found ways to commodify our bodies and we as individuals have found ways to obtain various gains for looking a certain way. Now the question is: how has something with a negative outlook such as anorexia or bulimia become so valuable to some people? How do we explain the paradox that some people damage their bodies and appearances in a culture of beauty and probably because of this culture of beauty?

By using a sociological perspective and focus on anorexia and bulimia, we can move away from the strict pathology of coining these terms as a disorder and instead we can focus on the social. We can look at the individual's explanations of their own experiences as social beings (Garrett, 1995: 261). The body, its images, perceptions, forms, postures, clothes, odours, uses, etc. are also social dynamics opposing, for instance, individuals and practices to so-called patriarchal and capitalist values. In this logic, many Feminist theories look away from the pathologies of different eating behaviours and the focus on the ideal body types, but rather looks at what it means for women in Western culture to be slender. It is discussed how an overweight body is more likely to represent an individual who is lazy, slow and has low morality whereas a slim body is represented by order and control. Women are striving to achieve this slim or anorexic body type as a means of changing a "de-valued feminine body" into a body represented by order and control. Women in Western culture are stuck between achieving their idealistic feminine body and being successful in the workforce. To be successful in

the workforce, a woman must sacrifice her body and restrict her eating to fit in with the norms deemed acceptable by society (Fox et. Al., 2005: 950).

In other words, the relationship to the body is not only or simply an individual one, it also happens through social relations. Here we see people as actors interacting through these social relations and not merely culturally doped puppets.

The body and society have been studied historically and we must regard the embodiment of social actors as cast in a historical context, meaning history does not exist beyond them, but only through them. Throughout the different historical periods, the relationship between the body and society has changed because the embodiment of self has evolved. In modern Western societies, there is a major focus on youthfulness. The focus on staying active and to remain youthful in our appearance is pushed upon us. Being youthful is assimilated to being active, appearing younger and having a thin shaped body. We are all embodied and this embodied self becomes the central focus of who we are in society and how our self identity is represented. With the emergence of medical technologies, our embodied selves have become a canvas in which we can create and re-create who we are through various procedures all thanks to a capitalist and technological society. We can improve and alter our appearances to help slow down time so we appear to not age as quickly; we can receive organ transplants to help us live longer and we can even receive varying re-constructive surgeries that can actually completely alter who we are. A popular trend during the 20th and 21st centuries are the ever extensive ‘fad’ diets and health regimens that are popularized through the media. We are presented and challenged with new dieting tips, exercise regimens and other nutritional developments that are all primarily focused around achieving the idealistic body type. So it should be no

surprise that with such a focus, the shift of the embodied self has changed in modern societies. This gives us agency over our embodied selves, we can change our self-identity to represent who we want to be or how we want others to perceive us. Our experiences are formed based off the common cognitive belief structures in society surrounding the body. This has also lead us to a plethora of so called ‘disordered’ behaviours, whether to capture the attention of others or simply to represent the mental and physical trials and tribulations we are overcome with in modern society.

Now, famous sociologists, philosophers and other social scientists have paid attention to the effects of the social on human bodies. Michel Foucault, for instance, became quite famous by making the genealogy of various modes of normalization of the body and its basic functions such as sexuality (Foucault, 1977: 135-169). Norbert Elias also explained how basic body function and individual behaviours like table manners, farking, spitting, and so on are coming from a long civilizing process fueled by class relations based on distinction and imitation (Elias, 1978). We could multiply the examples, but in brief, individual and so-called “natural” behaviours are also deeply social. They emerged and changed through social relations. They happen in society. Behaviours such as anorexia and bulimia are no exception.

1.2 Macro-sociology and the body

We need some sort of sociological analysis of eating disorders, but yet there are various kinds of sociological explanations. Many social explanations of eating disorders have focused only or mainly on macro analysis. By doing so, they have explained this type of social behaviour by looking at “large” social phenomena such as culture, media or social structures. In this kind of approach, individual behaviours are usually seen as being

totally or partially influenced by these large and external social realities. In the next pages, I would like to give several examples of these macro explanations of eating disorders.

1.2.1 Culture, media and “thinspiration”

The Internet serves as a valuable tool to access enormous amounts of information. People, young and old, utilize the Internet on a daily basis for the purposes of research, leisure, shopping, banking, social networking and communication. Although it is a very useful and now necessary tool for most people, it can also be a potentially risky source of information for many of them. With easy access to information through search engines, adolescents are able to obtain information that can be dangerous and some subject matter can be sensitive and even controversial. For instance, with the rise in the trend of pro-anorexia and pro-bulimia websites, adolescents can access these sites that offer support, information, pictures and a sense of belonging (Norris et. Al., 2006: 443). There has been an increase in the number of sites that provide this information.

Adolescents are often faced with many body issues and their insecurities make them vulnerable to this kind of information. A lot of these pro-ana/mia websites usually promote anorexia or bulimia as a lifestyle choice rather than a condition they are suffering from (Norris et. Al., 2006: 443).

Many pro-ana and pro-mia websites have common features. The majority of the websites contain information regarding the webmaster, the different internet providers, warnings and disclaimers towards the content and nature of the website, information on anorexia in terms of lifestyle choice versus a medical disease, photo galleries, tips and

tricks and different pieces of writing, which all provide a common theme which is referred to as “thinspiration” (Norris et. Al., 2006: 444-445).

Examples of images found on pro-ana/mia websites: (Images from Google image search under pro-ana).

Figure 1 - Thinspiration



Figure 2 - Thinspiration: Perfection



Figure 3 - Thinspiration: Lifestyle



Figure 4 - Thinspiration: Not Skinny Enough



The images alone make quite a statement to the viewer and it is evident the common theme that is portrayed to the often vulnerable audience. The producers of these images rely on the freedom procured by the Internet.

These websites are being provided by free website service providers that are not necessarily monitoring the content of the sites, so the webmasters are free to put whatever information they want on their site.

The majority of the webmasters involved with the pro-ana and pro-mia websites identify themselves as females. Norris and colleagues (2006) found that the particular websites that were involved in their study created a sense of community by having available fashion bracelets, which encourages a pro-ana lifestyle. This not only

discourages young women to seek treatment for anorexia, but also rather provides a sort of endorsement and promotion of the practice of anorexic and bulimic behaviours.

Picture galleries of celebrities and emaciated or mutilated bodies of young women serve as approval and encouragement for young women on these sites. These photos as well as the tips and tricks sections serve as goals or even milestones towards “thinspiration” (Norris et. Al., 2006: 446).

More examples of pro-ana content with mutilated and emaciated bodies: (Images from Google image search under pro-ana).

Figure 5 - Emaciated Bodies: Ana to the End

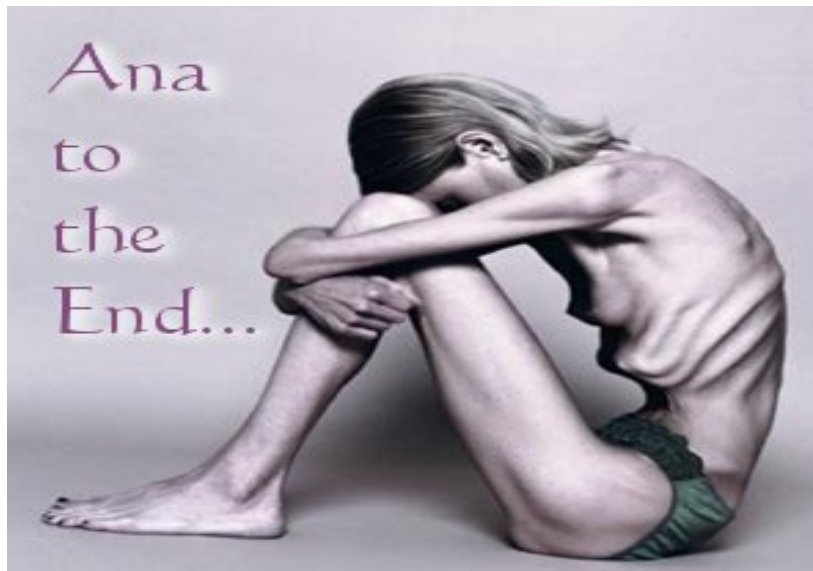


Figure 6 - Emaciated Bodies: Models



Figure 7 - Emaciated Bodies: Vulnerability



What these websites fail to mention are the extremely negative health consequences that anorexia and bulimia have on the body or the social conditions that influence these decisions. These sites promote and support the behaviours of pro-ana, but

to date it is still unknown whether viewing these sites alone will impact or perpetuate someone into trying this lifestyle.

Although the current trends in body image are the idealistic thin female body and the lean and muscular male body, they have not always been portrayed this way. The media has played a major role in affecting the way we think we should look and how we should go about achieving these ideals. Throughout history the ideals regarding the perfect female body has changed, but it has never been easy to obtain. Lots of women have endured pain and suffering to achieve these idealistic goals even though they have changed over the course of different generations (Derenne & Beresin, 2006: 259). Woman would wear corsets, extremely tight clothing and they would even bind their bodies and feet. Typically women with higher socio-economic statuses were able to afford the means of achieving these ideals. We are constantly being exposed to celebrities and fashion models in terms of idealizing our bodies.

Examples of beauty ideals like fashion dolls that most young women are exposed to during their youth. These examples have been created to represent a pro-ana image. The names of the dolls are Malibu Anna and Anabell in reference to pro-ana culture: (Images from Google image search under ana mia).

Figure 8 - Beauty Ideals: Malibu Anna



Figure 9 - Beauty Ideals: Anabell



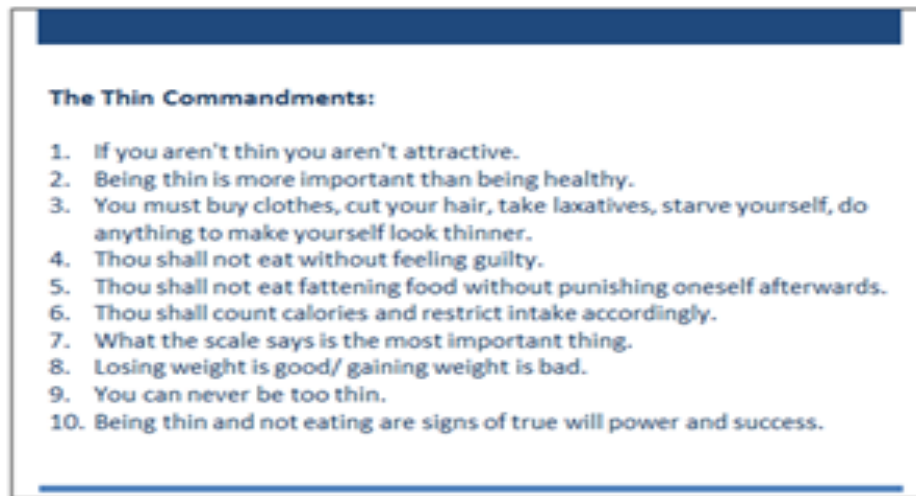
Today, women in the fashion industry are expected to be extremely thin whereas 20-30 years ago fashion models were only 8% smaller than the average woman. Today fashion models are nearly 23% percent smaller than the average woman and this may play a part in the rising obesity rates (Derenne & Beresin, 2006: 259).

So, in recent studies there has been a trend relating the exposure to media content to the dissatisfaction of the body and poor eating behaviours (Bardone-Cone & Cass, 2007: 537). Frequent young readers of fashion magazines were more likely to report wanting to diet or to lose weight because they were more frequently exposed to the images and articles of thin celebrities and fashion models. There is a pressure placed on young people to achieve these thin body ideals and with media exposure at the forefront in today's society, no wonder young people are becoming more dissatisfied with their bodies from a younger age (Bardone-Cone & Cass, 2007: 537-538).

With the emergence of pro-anorexia and pro-bulimia websites comes a new source of "thin media". These websites and their exposure to young women can have detrimental affects based on the decisions they choose to make about their own bodies. Along with the usual tips, tricks and photo galleries on these websites that promote "thinspiration", there are also other common features such as the 'thin commandments', which are a series of commandments to live by to remain thin and to achieve an anorexic lifestyle similar to the Ten Commandments.

(Image from Google image search under pro-ana thin commandments).

Figure 10 - Pro-Ana Thin Commandments



Another common feature is referred to as the “ana creed” which states the major beliefs of the individuals who chose to live an anorexic lifestyle and promote pro-ana behaviours (Bardone-Cone & Cass, 2007: 538).

Ana Creed

- I believe in Control, the only force mighty enough to bring order to the chaos that is my world.
- I believe that I am the most vile, worthless and useless person ever to have existed on this planet, and that I am totally unworthy of anyone's time and attention.
- I believe that other people who tell me differently must be idiots. If they could see how I really am, then they would hate me almost as much as I do.
- I believe in oughts, musts and shoulds as unbreakable laws to determine my daily behavior.
- I believe in perfection and strive to attain it.
- I believe in salvation through trying just a bit harder than I did yesterday.

- I believe in calorie counters as the inspired word of god, and memorize them accordingly.
- I believe in bathroom scales as an indicator of my daily successes and failures.
- I believe in hell, because I sometimes think that I'm living in it.
- I believe in a wholly black and white world, the losing of weight, recrimination for sins, the abnegation of the body and a life ever fasting.

Source: (<http://www.freewebs.com/ana-thin/anacreed.htm>)

The recent study conducted by Bardone-Cone and Cass (2007) found that the exposure from these websites have immediate negative impacts on the views of self and body image of young women. Websites that consistently give a strong message about body ideals and how important it is to remain thin and to look good in modern society has a severely negative impact on young women and the way they view themselves. It is common practice that people tend to compare themselves with others, which is often the case when people try to compare themselves and imitate celebrities in the media (Bardone-Cone & Cass, 2007: 544). The norms society has created for us through ultra thin models and celebrities will lead people to become more dissatisfied with their own bodies because we are constantly trying to replicate the ideals that we are being exposed to in the media. Beauty ideals have changed so drastically over the years and individuals are becoming less accepting of their own bodies and identities. These images have been created for us as a standard that we need to achieve in order to believe that we are beautiful or to be successful in society.

Examples of images portraying a common message given to women in society about the perceptions of their bodies and the importance that seems to be placed on the ideals of being thin. The means of self control over food intake as a determinant of beauty and satisfaction with their own bodies. (Images from Google image search under thinspo and pro-ana).

Figure 11 - Nothing Tastes As Good As Thin Feels



Figure 12 - Stop Eating



Figure 13 - Control



1.2.2 Corporation and “aesthetic labour”

Other sociological theories of eating disorders focus on different types of social structures and organizations like capitalism and corporations. For example, in relation to body image practices, “aesthetic labour” is a term used in the understanding of embodied labour practices (Entwistle & Wissinger, 2006: 775). Through labour practices our bodies have become gendered and embodied to signify the capabilities of individual workers. This term is used to refer to particular attributes of people to make sure that they look good or sound qualified for a certain position. Individuals need to fit a certain mould to

qualify to work in a particular employment. They need to produce an attractive image and report a professional demeanour to encompass a specific stylized work environment (Entwistle & Wissinger, 2006: 775). This term refers to how companies and organizations embody their workers and use them as commodities to promote and sell products and services. Aesthetic labour practices can be found just about anywhere in society. Companies are constantly trying to promote and sell new products, so from their standpoint it makes sense that they would use able bodied and attractive people as a means of doing so. Since this trend is on the rise, it transforms the way in which we look at our own bodies. To obtain our desired jobs and to keep them, employees must maintain a specific body shape in order to be successful in their field. This feature is becoming increasingly more prominent throughout work practices and men and women are being forced to conform to strict diet and regulations in order to succeed (Entwistle & Wissinger, 2006: 776).

An example of how aesthetic labour plays a major role in employment is by looking at the fashion modelling industry. The practice of aesthetic labour is more prevalent in performance related work where models and celebrities are expected to look a certain idealistic way (Entwistle & Wissinger, 2006: 777). The appearance of the body is crucial in these fields because the product the company or organization is trying to sell is a direct reflection of its employees. The thinner, the more beautiful and the more idealistic these individuals are portrayed to be, the more people want to buy the product so they too can achieve that idealized self.

For example, to be hired as a Victoria's Secret model (see image below), it is quite evident that you need to fulfill a certain aesthetic category to even be considered.

One of the following ads gives the perfect example of what kind of product they are selling and the demographic they are targeting, “A Body For Everybody”. (Images from Google image search under Victoria’s Secret).

Figure 14 - Aesthetic Labour: A Body For Every Body



Figure 15 - Aesthetic Labour: Pink Santa's



Figure 16 - Aesthetic Labour: Commodities



These workers or models have become commodified images that the consumer world just eats up and it becomes a vicious cycle. The specific aesthetic labour practices involve a major bodily commitment on the part of the models. Extreme body maintenance is crucial in terms of corporate production and distribution. So not only are employees expected to maintain a certain body image for work, but their commitments outside of work are an ongoing effort as well (Entwistle & Wissinger: 2006: 777). The media, celebrity and fashion modelling industries are heavily relied on for the production and consumption of goods. These industries are no longer solely focused on women but men as well. This notion of aesthetic labour is an adaptation of the capitalist culture. ‘Ideal’ bodies are being used in order to sell products. Value is being extracted from these embodied men and women and they must continually adapt their appearance to the growing demand of the capitalist economy. People’s bodies are being marketed in order to sell products. Not only have the bodies of men and women become commodified, but we are also dealing with a major increase in the number of individuals suffering from

body image issues. Society is putting way too much strain and pressure on people to achieve certain looks and to obtain certain products to achieve these looks that we are neglecting the fact that we are altering our bodies to achieve these ideals. The pressure models and celebrities face to meet these corporate demands might be surreal, but yet these expectations are passed on to the consumers as new idealistic ways of perceiving ourselves (Entwistle & Wissinger, 2006: 791).

The following examples are from Calvin Klein and Abercrombie and Fitch advertisements demonstrating how sex sells in terms of consumerism. Attractive male and female models are used and strategically dressed and placed in order to sell products. (Images from Google image search under Calvin Klein and Abercrombie and Fitch).

Figure 17 - Consumerism: Male Models for Calvin Klein



Figure 18 - Consumerism: Sex Sells



Figure 19 - Consumerism: Calvin Klein Male and Female



Figure 20 - Consumerism: Calving Klein Half Naked Bodies



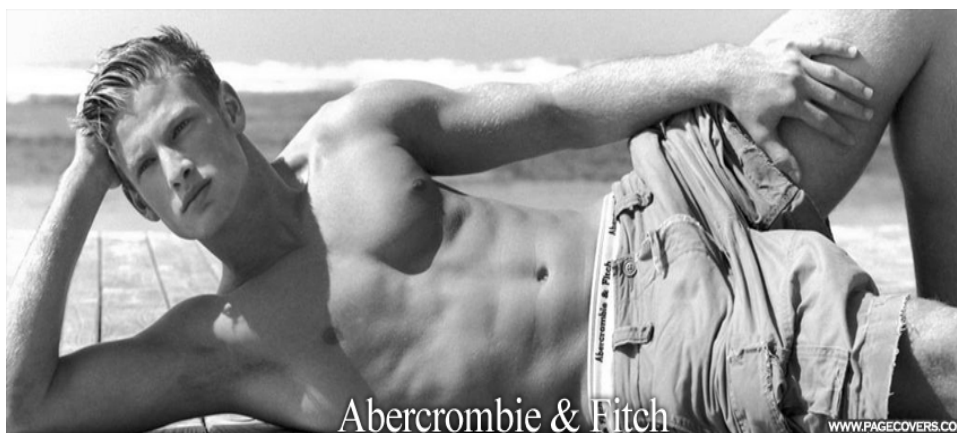
Figure 21 - Consumerism Abercrombie & Fitch Male Models



Figure 22 - Consumerism: Abercrombie & Fitch Female Model



Figure 23 - Consumerism: Abercrombie & Fitch Male Model



The corporate world has found a way of placing value on our appearances. Models and celebrities are expected to keep up the maintenance of their bodies in order to meet industry standards for corporate gain, and with regards to the modelling industry, it is typical that the most successful models are the ones that dedicate the time in adapting and maintaining their body image to suit the industry standards (Entwistle & Wissinger, 2006: 791). Aesthetic labour is an on-going production solely based on capital gain. The corporate world has re-shaped the image of the 'perfect' body, and it has deeply affected the ways in which men and women have altered their bodies to play a part in the corporate and consumer games. In order to be a 'winner', one needs to have the 'winning' body. Perception and reality have to become one and the same. Pro-anorexia just pushes the 'praxis' to its limits.

The following are some examples of pictures of popular celebrities (Nicole Richie, Mary-Kate Olsen, Lindsay Lohan, Keira Knightley and Victoria Beckham) that have received backlash within the media due to their extremely skinny bodies. It seems like a common trend for already thin celebrities to drop even more weight, potentially due to the stressors of always being in the lime light. (Images from Google image search under celebrities with eating disorders).

Figure 24 - Skinny Celebrities: Nicole Ritchie



Figure 25 - Skinny Celebrities: Mary-Kate Olsen



Figure 26 - Skinny Celebrities: Lindsay Lohan



Figure 27 - Skinny Celebrities: Keira Knightley



Figure 28 - Skinny Celebrities: Victoria Beckham



1.3 Listening to the voices of anorexics

In the book, *Regulating Bodies: Essays in Medical Sociology*, Bryan Turner writes a chapter about anorexia and he states that when people are diagnosed and become 'sick' they are intrinsically involved and are now members of this anorexic community of individuals (Turner, 1992: 215). In relation to 'eating disorders', this becomes extremely relevant because the now sick patient learns to identify themselves according to certain norms, behaviours and expectations. Medical sociology becomes an outlet for researchers to study and understand these varying social norms and behaviours, and it also allows them to study and understand how different societal factors can affect these patterns of behaviours (Turner, 1992: 215). In the 1970's, there was a so called 'epidemic' of anorexia that seemed to plague young, white females from predominantly middle to upper class in Western cultures. With such categorizations, something had to be attributed to cultural boundedness in relation to disease categories. If illness amongst a general population can be viewed symbolically not only of disorders in specific patients, but rather of metaphors of different social arrangements, then new methods of reading

discourses need to be developed in order to understand disease (Turner, 1992: 216). For instance, during the period of 1900-1940 the management of anorexia was dominated by either the psychoanalytic model or the biological model of disease. These attempts at trying to categorize anorexia as a specific medical condition helped give the 'disease' a scientific discourse to further allow medical professionals and occupations power over this middle class group of individuals (Turner, 1992: 218).

Along with the further development of this medical discourse towards anorexia and 'eating disorders', modern philosophy has reinforced that language and the use of certain discourses have helped solidify a relationship that gives us a vantage point for the idea that diseases are socially constructed. Anorexia can be quite articulate despite the fact that the disease has no actual voice. Not eating expresses a certain autonomy from parental and professional demands, but the consequences result in more dependence on various sources of help (Turner, 1992: 221-222). According to Merleau-Ponty's phenomenology of embodiment and the notion of the lived body, our bodies are never actually extensions in space, but rather a complex interaction between our environment, our sociocultural habitus and our ongoing intentionality (Turner, 1992: 222). So by using this approach, we can begin to look at anorexia as an extension of our own particular sociocultural habitus. There is an intentional refusal to eat or loss of appetite sometimes coincided with purging which results in a break of common social relations. So maybe this break in social relations can demonstrate a correlation between the loss of voice, the loss of weight and the loss of a person's individuality. We can almost make a parallel between a talking or communicative disorder and an eating disorder. In sum, if an individual suffers from a loss of voice or in this case a loss of appetite, this could

symbolize the leaving of the sociolinguistic community of the 'normal' healthy individual into the more solitary sociolinguistic community of the anorexic (Turner, 1992: 223).

Therefore, any type of therapeutic intervention will have to find a way to give a voice to the anorexic. A voice that will allow them to be heard from their perspective in order to shed insight and enlighten us in order to develop an understanding beyond the limitations of the current psychological and medical paradigms. We can communicate with anorexics, especially the most radical ones, only if we can listen and understand them. Now, the Internet has become an outlet or voice for the many men and women living and advocating the pro-anorexia movement. The disorder with no voice has become heard, but still we face an extreme backlash from social media regarding the response to this subculture or group of individuals. With the advancement in technologies, perhaps these individuals have finally found a way to get their message across and be heard, even if it has taken decades or maybe even centuries.

In other words, people dealing with diagnosed eating 'disorders' are different from many other patients. In the case of an individual diagnosed with another disease, they usually do not valorize their condition. Patients want to expel the disease and to cure it, and in this dynamic the experts or doctors become necessary for them. In the case of anorexia and bulimia, often these individuals are trying to preserve their condition because of the positive value they associate with it. Therefore, it is evident that it has become ever increasingly more difficult to treat anorexia and other disordered eating by only simply considering medical and psychological models. Different factors come into play that affect the social, mental and physical responses to a condition like anorexia.

Conventional therapies are no longer fully effective if the reasons for developing or resorting to anorexia or other ‘eating disorders’ has drastically changed in modern society, at least for those wanting to be anorexic or bulimic. This is where interpretive and micro/meso sociology could help in some ways.

1.4 Need of a micro/meso sociological analysis

Because anorexia and bulimia are frequently studied as a psychological disorder and at the macro levels, little research has been conducted from a micro-sociological perspective in relation to recovery and by listening to the voices of anorexic people. However, in relation to our topic, there are several questions that can be explored from a sociological perspective which goes below the macro levels. For instance, we can look at what ‘meanings’ (perceptions, identities, perceptions of others, etc.) can affect the choice of anorexia or bulimia. In this respect, we need to take into consideration the stories of recovered anorexics and focus on the process of recovery rather than the individualized experience of anorexia or bulimia itself. We also need to encourage the telling and re-telling of the stories of overcoming the transformation, not in the idealized form of achieving perfection, but rather the transformation of the new recovered self which happens in relation to the others and not simply in the spirit or the mind of the person. We could also encourage the practice of activities of deeper body self-discovery such as yoga or dance in forms of healing rather than exercise (Garrett, 1995: 270). Clinicians need to step away a little bit from the medical models of ‘eating disorders’ and to stop looking at anorexia and bulimia as disorders that *only* require medical treatment. Why? Because medical models focus on the underlying psychological problems that must be linked to having an ‘eating disorder’ instead of looking at other possible societal triggers

– including the ones at the meso and micro levels - that may have affected or influenced ones decisions regarding their own body. This is the kind of analysis we will start to develop in the third chapter of the thesis. In the meanwhile, in the second chapter, we will present an overview of the history of what is resisted by the pro-ana and pro-mia people: the medicalization of eating disorders.

Chapter 2

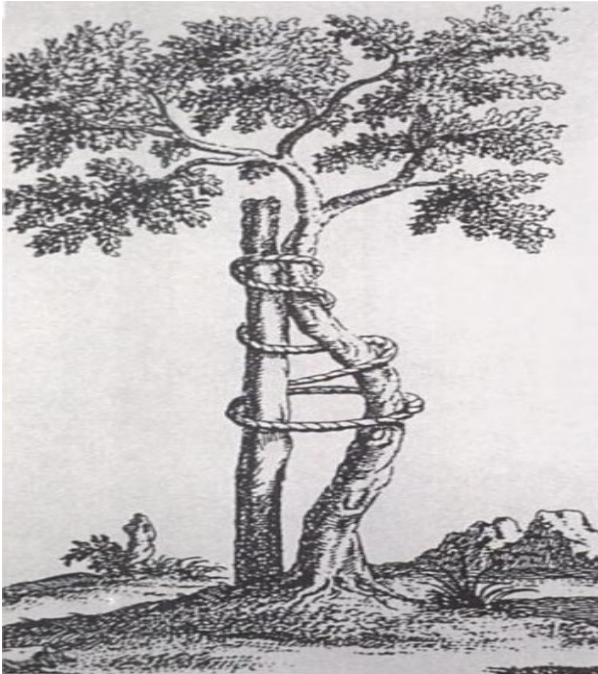
Brief History of the Medicalization of Eating Disorders

In this chapter, I will be discussing some of the history of eating disorders and its medicalization. I will briefly explain how psychological and medical models pathologize anorexia and bulimia as eating disorders, and I will attempt to discover how social problems are constructed between experts in the medical field and the media.

Note that I am not proposing any deep historical or genealogical analysis of eating disorders. Rather, I am presenting some literature which depicts the history of how it was previously portrayed. This brief historical detour I am proposing is necessary in order to understand against whom and what the pro-anorexia and pro-bulimia activists are reacting and resisting. In effect, the history of so-called eating disorders shows that this type of behavior was not always framed and treated as a problem which requires psychological and medical attention and treatment. By keeping in mind the Foucauldian genealogical analysis of the clinics, prisons, asylums and sexuality, we can say that the framing of this type of behaviour appeared in the 19th century and was produced and reproduced by media and psychological experts making observations and producing new norms for prognosis and diagnosis in order to normalize ‘abnormal’ or ‘deviant’ behaviours. The following image is taken from Foucault’s, *Discipline and Punish*, to illustrate the spirit of some regimes of power and knowledge which emerged in modernity, and which have been in fact, modes of normalization of abnormal and deviant behaviours like those found associated with eating ‘disorders’. In very brief, these modes of normalization often refer to experts or specialists using their knowledge and

techniques in order to help different people labelled and treated as ‘deviants’, ‘criminals’, ‘poor’, or ‘patients’.

Figure 29 - Foucault: Regimes of Power and Knowledge



(Foucault, 1977).

As one could expect with social processes of this kind, the new regime of knowledge on anorexia and bulimia was also a new regime of power where ‘patients’ have been taken in charge, defined, observed, questioned and treated. I think it is exactly this new regime of knowledge and power which is being resisted amongst the emergence of the pro-anorexia and pro-bulimia movement.

One advantage of socio-historical analysis is that it helps us to remember that regimes of knowledge and power are not eternal or natural. In this case, it means that eating disorders were not always considered diseases, problems or types of deviance. It also means that one cannot fully understand the presentations, discourses and practices of pro-ana and pro-mia people without understanding that this kind of radical movement is a reaction to one specific way to perceive and deal with eating disorders. The movement emerged and exists in relation to the mode of normalization.

As we will see in the next pages, eating disorders have been seen as very positive and glorified behaviours in other contexts. Of course, in this kind of pre-modern dynamic, there is no reason for glorified people who do not eat “normally” to resist to representations, discourses and practices which make them look good in society. Resisting could come only with modern discourses and practices which transformed previously glorified people into sick ones. It did come with the medicalization of eating disorders and its attempts to normalize the new deviants. Therefore, even if it seems to be obvious that anorexia and bulimia are sicknesses for many of us, any successful attempt to accompany and help anorexic and bulimic people has to be based on the understanding of the socio-historical origins of anorexia and bulimia as *problems*. The problematization of these behaviours created and still produced anorexic and bulimic people and the ‘radical’ reaction to some of them. Paradoxically, any efficient treatment to anorexia and bulimia or these ‘radicals’ has to take into account what has created anorexia and bulimia as problems. Again, it is quite obvious that any communication and positive interaction with anorexic and bulimic resistants is compromised. How do you help someone who is resisting to the idea that he is in trouble? How can you be a doctor or a psychiatrist with

people who do not see themselves as patients? How do you simply establish and maintain any medical relationship if and when the other rejects your perception of the reality? Any chance of success, any relationship leading to a treatment, has to start with the understanding of this other – as surprising and shocking as she can be.

2.1 Before the medicalization of eating ‘disorders’

Eating disorders, or more precisely self-starvation, has been prevalent in society throughout centuries. The prevalence is probably more common in modern times due to different social factors that affect the severity of these conditions that we mentioned previously. Although the frequency of these conditions or ‘disorders’ might be more common today, they were present in ancient times. There are historical records confirming these incidents, which show similar conditions to the present except that the cultural contexts, possible motives and duration of these conditions could be significantly different. Indeed, some of the historical influences of ‘eating disorders’ in ancient times were portrayed differently. Self-starvation was due in part to hunger strikes and fasting. These acts of self-starvation or deprivation were often seen as a sign of power, admiration, liberation and self-control. Amongst certain individuals it was even seen as a Holy act of superiority because of the self-control they had over their own bodies.

Throughout ancient times there are records of fasting, but there are no known cases of voluntary self-starvation. These acts of fasting were usually performed as a means to purify an individual by denying themselves the pleasure of eating, usually followed by abstinence of sexual behaviour (Bemporad, 1996: 218). These fasting rituals were usually short periods lasting up to 3 days. These actions were usually performed to impress superior powers. If one needed to prove themselves and their devotion to the

Gods, they would deny themselves the pleasure of eating in order to do so. Fasting became a tradition or form of preparation to receive some sort of sacred vision. Depriving the body of food and proper nutrition would create a hypnotic state, and this was desirable in order to receive these visions. For example, Jesus fasted before divine enlightenment and Moses fasted for 40 days in order to receive the 10 commandments (Bemporad, 1996: 218). There was less focus during these times on deprivation, but rather spiritual rituals that were seen as admirable in order to prove oneself.

Throughout early Christianity, there was a belief of the end of the world which created a cult of individuals who would willingly leave civilization to live in seclusion. These individuals were mainly men who chose to live this solitary life. They would go through severe fasting in order to reject their bodies and other materialistic things (Bemporad, 1996: 219). Individuals physical needs and desires were seen as evil and in order to retain the purity of the body, one must go through intense fasting in order to preserve this pureness. During what was referred to as the dark ages, there were several recorded cases of self-starvation, but these instances were a result of satanic possession. Both women and men would refuse to eat because they believed they were being controlled by the devil, but most of these cases were cured by exorcism (Bemporad, 1996: 220-221).

During the late middle ages, there were several reported cases of 'holy anorexia'. Although there were some similarities to modern day eating disorders, the motives behind these acts were different. In several of these cases, women would devote themselves completely to helping others and in doing so would completely deprive themselves to the point of death because they believed they were doing so in order to

support others that were ill. Because of this devotion to God, these women felt that by completely depriving themselves they were able to communicate with a holy power. A lot of these women were elevated to sainthood because of their dedication and devotion to others. They put everyone else's needs before their own, and this was regarded as a holy act, even though they were actually torturing their own bodies and sanity (Bemporad, 1996: 222).

During the 17th and 18th centuries, the fasting women were often referred to as the miraculous maids. The depiction of these women changed throughout the course of the centuries from being possessed to fraudulent, which then resulted in some being diagnosed as mentally ill. A lot of these women came from humble origins and would survive off of next to nothing in terms of nourishment. These women became popular in their own environments because of their extreme conditions. They would be frequently visited by doctors, priests and other individuals in order to study them and understand the reasons behind their extreme self-starvation and how they were surviving (Bemporad, 1996: 223). These cases of miraculous maids were popularized and these women were often given gifts by curious individuals in exchange to see them. These women were miraculous in the sense of survival and their symptoms and perceptions are the most closely associated with modern day eating disorders.

During the 19th century, these cases of self-starvation changed in the sense that they became more emotionally involved like we see in eating disorders today. Mental and emotional links became tied in with perceptions of the self. The perceptions started to change in significant ways within medical viewpoints. People with 'strange eating habits' shifted in becoming a medical problem and the main issue was about physical and mental

health rather than religious experience. In this new configuration, the perceptions, the labels, the behaviours, and the motives changed. The nature of voluntary starvation was transformed into disorders. Cases of ‘heartbreak’, ‘hysteria’ and ‘phobia’ were reported. A lot of them were associated with ‘emotional breakdowns’ which resulted in self-starvation while others reported extreme fears of food and, therefore, would not allow themselves to eat. It was not typical but some women also resorted to self-deprivation in order to get attention from others. However, ‘eating disorders’ still had various logics. For instance, another form of fasting during the 19th century was that of so called hunger artists. They typically acted out short pieces entitled hunger artists in order to receive monetary gain (Bemporad, 1996: 227-228). Even if this phenomenon is complex, there is little doubt that many of these transformations were related to the medicalization of voluntary starvation.

2.2 The beginnings of the medicalization of eating ‘disorders’ in the 19th century

In 1873, the two discoverers of anorexia, Sir William Withey Gull and Ernest Charles Lasègue, wrote a paper on hysterical anorexia where they compared this relatively new syndrome to that of severe mental states. They stated that this syndrome is prevalent amongst those who are ‘pathologically insane’ (van Deth & Vandereycken, 1999: 390). During the 19th century, there are not many direct references to anorexia amongst mental health journals, although there has been some evidence of anorexic individuals admitted to asylums. Throughout the Victorian period, physicians indicated that there was some sort of relationship between the ‘mentally ill’ and the refusal of eating. Some believed that refusing and abstaining from food was one of the first signs of ‘mental illness’ or even ‘insanity’ (van Deth & Vandereycken, 1999: 391). They also

believed that malnourishment and poor diet in general were contributing factors towards the development of mental disorders. In extreme cases of food refusal in the asylums, physicians used tactics of force feeding in order to get their patients to eat. The new knowledge was related to new techniques of power. This form of treatment became a specialty of the asylums, and regular physicians and specialists started using these feeding tactics even if they did not refer to the services of asylum physicians (van Deth & Vandereycken, 1999: 391). During the Victorian period, physicians often agreed that ‘anorexia nervosa’ was considered to be a form of hysteria. This form of ‘hysteria’ often manifested into ‘insanity’ if the patient was not treated or continued to refuse eating. It was believed that the best chances for ‘recovery’ were to remove individuals from the home, but it was difficult to decipher which environments were best suited for treatment and recovery. During this period, physicians started making connections between the ideas of being mentally ill and food refusal, as well they noted that in more advanced stages of anorexia nervosa, patients suffered with hallucinations from malnourishment, which were obviously signs of mental disorders. These different forms of ‘psychosis’ made it very difficult for physicians and others specialists to differentiate between mental illness and anorexia. Even though they made correlations between the two, it was a fine line between diagnosis of anorexia as an eating disorder and severe stages of mental illness (van Deth & Vandereycken, 1999: 392).

As we mentioned before, relations of power were a part of this dynamic. Relations between the medical staff who were trying to help and the patients – the same people they wanted to help. Eating food became a field of conflict. Amongst the mentally ill, food refusal varied between cases. Some mentally ill individuals developed complete

aversions to food and completely refused to eat anything, while others refused food for certain periods of time. Some patients refused food for a couple of days to up to a couple of weeks, depending on their mental states or psychoses. Others would often refuse specific foods, but not completely avoid all food intake. A lot of the patients would give up their fasts if they were pressured and intimidated by the physicians. The thought of being treated by being force fed was sometimes enough to get the patients to start eating. Physicians encountered many different cases during the Victorian period and discovered varying reasons that these patients resorted to refusal, or even developed a complete fear of eating. Some cases were unknown because patients were quiet and refused to speak about their condition, whereas others refused to eat in order to attempt suicide from malnutrition. Some resorted to anorexia or food refusal because of a significant downfall in their life: the loss of family, money, friends and even failed relationships (van Deth & Vandereycken, 1999: 393-394). In some of the cases of the severely mentally ill patients, the delusions and hallucinations contributed greatly to their rejections of food. Most of these hallucinations and delusions could be associated with either the body, food or religion. The saints of the past were now people in trouble. Some suffered hypocondriachal symptoms and believed that the food they would ingest could harm them and make them even more sick. Others would suffer hallucinations that led them to believe that the food would poison them, or that they could see bits of human blood and flesh in their food so they would completely refuse. Religious ‘hallucinations’ had some patients believe they had been taken over by the devil, and if they ate they would be committing sins and perhaps other people would suffer at their expense. Some believed to be fed by the Holy Ghost and that they had reached some form of higher eternal

salvation, so they committed to abstaining and fasting from food (van Deth & Vandereycken, 1999: 394). The Victorian period brought forth some new insight into the discovery of a more modern day eating disorder although they lacked the ability to decipher between cases of mental illness and anorexia nervosa. Although severe forms of anorexia and malnourishment can lead to delusions and hallucinations of grandeur, these asylum and Victorian period physicians failed to make the distinctions between these two vastly different mental and physical states.

Furthermore, although there were various cases and forms of anorexia and eating disorders during this century, the reasons or the motives affecting these disorders were still not associated with the same logics that affect eating disorders in present day. The focus was still not on losing weight in fear of getting fat, but rather they had an internal focus primarily to attract attention from others whether for public acknowledgement, religious beliefs or monetary gain.

In one way or another, the changes to these rituals and practices of self-starvation during the 19th century and recent decades are that many women and men resort to anorexia and other eating disorders on different levels, whether it be emotional, physical or psychological. There are various social factors that are attributed to the onset of an eating disorder in modern times compared to previous centuries and the modern regime of truth has affected the mind of the actors involved. In the past, these acts of self starvation were not associated by these individuals to a common disease. Their focus on self-starvation and deprivation was to ultimately attain some sort of accomplishment. These individuals had no knowledge of 'eating disorders', and their motivating factors were different than in modern times (Bemporad, 1996: 230). Most people suffering from

eating disorders today have some previous knowledge of the disease and its harmful effects on the mental and physical states of the body. Of course, the pressures and challenges of everyday life have also evolved compared to previous centuries. There is an immense pressure today for men and women to achieve a certain idealistic body type, whereas in the past the focus was not necessarily on weight control and a thin body shape.

In summary, self-starvation and eating disorders have been prevalent throughout history, but their focus and intent have severely altered in the last two centuries. The motives for each individual varied according to the challenges and occurrences of their surroundings. The roles of women and men have drastically changed throughout the course of history and in the past, a lot of these women would resort to religious affiliations and self-starvation as a means of escaping the female role and male domination in their society (Bemporad, 1996: 232). Women would find importance in their own life's work and would resort to these extreme measures as a means of accomplishing something bigger for themselves. A lot of their influences were in divine powers and this would influence their perceptions of self. Today, these behaviours cannot be disconnected from key features of (hyper) modernity such as capitalism, quests for success and distinction, and medical knowledge and power.

2.3 Contemporary psychological and medical normalization of eating disorders

In present times, anorexia and bulimia have been regarded as eating 'disorders', which are commonly defined by medical and clinical paradigms (Garrett, 1995: 261). The perceptions derived from the social sciences are different than the views associated with these 'eating disorders' from a medical or psychological standpoint (Walsh et al., 2000:

577). The term 'eating disorders' gives the impression that there is something wrong with the individual. Medical and clinical paradigms tend to categorize these individuals based on fulfilling certain criteria in the DSM (Diagnostic and Statistical Manual) and by assessing them on these points alone. In contemporary times it is reasonable to argue that modern day 'eating disorders' would not appear in their current form had the psychological and medical fields not found a way to categorize and label acts of anorexia and bulimia. By adopting a radical constructionist approach, we could say that if there were no means of identifying and categorizing individuals based on 'disordered' eating behaviours, their label would cease to exist. One thing is clear: relationally speaking, as medical problems and psychological issues, eating disorders cannot exist without the related medical and psychological work which contribute to make it as it is.

There are typically three steps in the process of diagnosis: detection, evaluation and treatment. Detection requires an awareness of the signs and symptoms of anorexia and bulimia, as well as awareness of the risk factors that are associated with the disorders. Some of these signs and symptoms can include loss of period, growth of hair, family history, depression, unsuccessful attempts at weight loss, excess vomiting, erosion of tooth enamel and acid reflux (Walsh et al., 2000: 579). Evaluation of the disorder is most commonly left to a family physician who will then monitor the disorder and make referrals if necessary. The treatment of anorexia and bulimia requires the knowledge and expertise from several experts. The family physician is usually involved as well as a psychologist and a nutritionist to help get the disordered eating back on track. There are different forms of therapy used to treat eating disorders, but no single model has emerged

that is used as a standard for treating either anorexia or bulimia. Both family therapy and individual therapy have proven to be beneficial to patients (Walsh et al., 2000: 580-583).

2.3.1 History of DSM (Diagnostic and Statistical Manual) Criteria

The diagnostic and statistical manual has changed the criteria for eating disorders over the course of its different versions and revisions. A major change from the DSM-III to the DSM-IV was the classification of bulimia nervosa and the incorporation of a disorder that involved binge eating and a stuffing syndrome (Brewerton, 1997:2). Previously, bulimia went without classification until the revisions in the 1980's, but binge eating in particular was not identified as a psychiatric disorder or problem until the DSM-IV. Binge eating became a subtype of bulimia nervosa and it is in consideration for its own classification in the DSM-5 which was released in 2013. These new classifications have a great effect on the way modern day eating behaviours are viewed. By further categorizing behaviours, it becomes increasingly more difficult for individuals not typically diagnosed with an 'eating disorder' to become diagnosed with abnormal eating behaviours. These new classifications give medical and psychological experts more control over these labelled conditions, and we can then eventually see a rise in the number of individuals with 'eating disorders' who may very well not be ill, but who fulfill the criteria outlined in the new release of the DSM-5.

2.3.2 Anorexia Nervosa Diagnostic Criteria (DSM-IV)

The following points are the criteria for anorexia nervosa as outlined in the DSM-IV. There is a mix of objective/physiological criteria, and subjective/psychological criteria, relating to the perception of self, as well as other specific behaviours relating to eating patterns:

- * Refusal to maintain body weight at or above 85% of normal weight for age and height.
- * Intense fear of gaining weight or becoming fat, despite being underweight.
- * Disturbances in the way in which body weight or shape is experienced, undue influence of body shape or weight on self-evaluation, or denial of the seriousness of current low body weight.
- * Amenorrhea in postmenarcheal girls and women (missing at least 3 consecutive menstrual cycles or having periods only after administration of a hormone such as estrogen).
- * Subtypes: Restricting type: During the episode of anorexia nervosa, patient does not regularly engage in binge-eating or purging behavior (i.e., self-induced vomiting or misuse of laxatives, diuretics or enemas).
- * Binge-eating/purging type: During the episode of anorexia nervosa, patient regularly engages in binge- eating or purging behavior.

(Source: American Psychiatric Association, 1994)

2.3.3 Bulimia Nervosa Diagnostic Criteria (DSM-IV)

The following points are the criteria for bulimia nervosa as outlined in the DSM-IV. Again, there is a mix of objective/physiological criteria, and subjective/psychological criteria, relating to the perception of self, as well as other specific behaviours relating to eating patterns:

- * Recurrent episodes of binge eating in a discrete period of time involving more food than most people would eat. There is a distinct feeling of lack of control during these episodes.

- * Recurrent inappropriate compensatory behavior to prevent weight gain, such as self-induced vomiting, misuse of laxatives, diuretics, enemas or other medications, fasting, or excessive exercise.
- * Both binge eating and inappropriate compensatory behaviors occur on average at least twice a week for 3 months.
- * Self-evaluation is unduly influenced by body shape and weight.
- * The disturbance does not occur exclusively during episodes of anorexia nervosa.
- * Subtypes: Purging type: During the episode of bulimia nervosa, the patient regularly engages in self-induced vomiting or misuse of laxatives, diuretics, or enemas.
- * Non-purging type: During the episode of bulimia nervosa, the patient uses other inappropriate compensatory behaviors, such as fasting or excessive exercise.
- * Disordered eating: Spectrum of abnormal patterns of eating, including bingeing, purging, food restriction, prolonged fasting, use of diet pills, diuretics, and laxatives, and other abnormal eating behaviors.
- * Amenorrhea: Absence of at least 3 to 6 consecutive menstrual cycles in women who have already begun menstruating. Primary and secondary amenorrhea are both more common in women athletes.
- * Osteoporosis: Secondary to hypoestrogenism.

(Source: American Psychiatric Association, 1994)

These criteria, as outlined by the American Psychiatric Association, means that the selected or potential patient is questioned, observed, evaluated and classified by experts. Of course, the goal of this process is to diagnose and admit these patients for

future treatments. Much more technical and ‘subtle’ than what could happen in old asylums, but for many patients, it still means to be subjected to one specific regime of knowledge and power. And, as we will see later, many of them reject the regime and resist to it.

2.3.4 Proposed Changes for DSM-5

As we mentioned, the science used by the experts is dynamic. The criteria which is used for the diagnosis of these patients always changed. These transformations are social and technical; they evolve through relations between experts and changing categories of people. A recent study by Keel et al. (2011) demonstrates the proposed modifications that were made to the diagnostic criteria in the DSM-5 for eating disorders in 2013. There is only one change proposed for the criteria of both anorexia and bulimia nervosa. The change proposed for anorexia is that the criteria no longer consists of a requirement of amenorrhea, whereas in the DSM-IV the criteria consisted of a loss of at least 3 consecutive menstrual cycles (Keel et al., 2011: 555). This could be a result of changes in the women’s menstrual cycle as well as the prevalence of amenorrhea amongst high caliber female athletes due to their rigorous training schedules.

The change proposed for bulimia is that binge eating episodes and corresponding behaviours both occur at least once a week for 3 months. The change from the previous edition of the DSM is that these episodes were required to happen at least twice a week for 3 months, so now they have dropped the frequency down to one (Keel et al., 2011: 555). The major changes that occurred from the DSM-IV to the DSM-5 is the use of the category of ‘eating disorders that are not otherwise specified’ to a smaller section in the DSM-5 to ‘eating disorders not elsewhere classified’. This leaves room for eating

disorders that are not typical of the common types which means more people can be diagnosed as having an eating disorder. There is also the addition of the criteria for binge eating disorder. This is different than the criteria of bulimia nervosa because the binge eating types do not necessarily result in purging after their eating episodes (Keel et al., 2011: 555). Other eating disorder types that have popularized but would probably fall under the category of 'eating disorder not elsewhere classified' would be "drunkorexia" where individuals reserve their daily caloric intake for alcohol. They binge on alcohol with little to no food intake so they become more intoxicated a lot more quickly. Another type would be "athletica nervosa" where individuals obsess over exercise and fitness and counter balance it with food control; and finally another type would be "orthorexia" where individuals obsess over healthy eating and caloric intake. Once again, it is so important to understand that the medicalization/pathology of eating disorders are social processes involving experts and changing categories of people. In this type of dynamic, medical problems are constructed through the development of concepts, symptoms, categories and through the publication of books and articles. This is a kind of social process where some people are observed, questioned, classified and eventually treated in various ways. Needless to say that the identities and the life of these individuals are significantly affected and transformed by this social dynamic. In these conditions, in a modern and post-modern world where various groups of people resist to different modes of identification and normalization, it is also no surprise that we assist to the emergence of resisters who see themselves more as models or heroes than sick people who need medical help.

These considerations lead us to the next chapter of the thesis, where we study some anorexics and bulimics as makers of radical (proto) movements fighting against other actors, discourses and practices which define them as “abnormal” and sick.

Chapter 3

Pro-ana and Pro-mia As a Social Movement

Using literature on social movements, I will be testing the hypothesis that these individual and collective actors are part of a new emerging social movement or at least a potential one, a proto movement. Meaning these actors (pro-anorexia and pro-bulimia) are using forms of resistance against the dominant medical and psychological regimes of knowledge and power which work to pathologize eating disorders. It does not mean that we claim that anorexics and bulimics are victims of oppression or injustices. This claim is made by the actors we study, not by ourselves as observers. We adopt a neutral perception of the notion of social movement, as a type or form of collective action fueled by resistances and attempts to challenge and change one or many social phenomena.

The major types of pro-ana and pro-mia websites that I will be analyzing are standard websites and blogs. All of these websites will demonstrate in some way a resistance against dominant viewpoints regarding eating disorders. Factors that can be considered are resistance against psychological and medical models of eating disorders, resistance against cultural norms and resistance against the media and its ideals of beauty. In order to show that pro-anorexia and pro-bulimia websites can be seen as potentially coming social movements, we have to define what is a social movement. This is what I will do in this section. In this respect, I will start by suggesting a general definition of social movements. After, I will be looking at the different dimensions of these forms of collective actions by following some key approaches on social movements. More

concretely, I will identify and present the collective action frames, the organizations and the modes of contestation used by movements. The analysis of pro-anorexia and pro-bulimia websites later in this chapter will be based on this conceptual approach.

3.1 What is a Social Movement?

The notion of social movement is associated to the disruption of social structures, and established norms and values. In fact, social movements are usually defined as more or less informal networks of organizations (such as websites) pushing for a total or partial transformation of the social order. Once again, members of pro-anorexia and pro-bulimia websites react against the medicalization of anorexia and bulimia as constructed by other actors, medical experts, psychologists and psychiatrists, and propose another perception or definition of these phenomena.

So, the first thing to do is to define social movements as networks of people and organizations trying to change one aspect or another of some pre-existing patterns, values, roles, models, norms and so on. Indeed, social movements are informal networks of groups of actors engaging in varying levels of conflict for the purpose of control over a situation or symbolic state (Diani, 2000: 389). In this logic, social movements generate themselves through the overlapping memberships between various organizations and the personal linkages of their activists and through the alliances between the different groups, which identify with a given cause (Diani, 2000: 387). In social movement networks, individuals are promoting and/or supporting their actions by being linked to each other through complex webs of exchanges, either directly or mediated. As we will see later in this chapter, this is what the pro-anorexia and pro-bulimia websites are: webs of relations

between people who are pushing to transform what are sicknesses for so many of us into models.

Relational approaches, or network analysis of social movements, also look at external relations. Social movements need to be situated in a dynamic relational field in which the ongoing actions and interests of the actors, groups and public all influence social movement emergence, activities and outcomes. For example, Charles Tilly (1978) discussed social movements in terms of collective action. The term collective action refers to all the ways in which individuals come together and unite forces to achieve a common goal or outcome (Tilly, 1978: 11). There are many different behaviours that group members participate in collectively such as prayer, demonstrations, revolutions, battling, abiding by certain rules and so on. What is absolutely necessary for collective action is that there be a common goal or end and that the group puts together a common effort towards that goal (Tilly, 1978: 11-12). According to Tilly, there must be three criteria to fulfill in order for a groups internal capacity to move towards collective action. These three criteria are: interest, organization and mobilization. Interest involves the shared commonalities and viewpoints of the selected group of individuals which may be a consequence of possible interactions with other various groups (Tilly, 1978: 12). Organization involves common identity and a unifying structure amongst the individuals in the group, and mobilization involves the extent of the resources under the collection control amongst the individuals in the group (Tilly, 1978: 12). So all three of these concepts are needed in order for a group to move collectively towards their end or goal. Each concept plays a vital role and the most simplified model for Tilly's notion on collective action for the capacity side is:

INTERESTS → ORGANIZATION → MOBILIZATION → COLLECTIVE

(Tilly, 1978: 12).

ACTION

So on the other side of internal capacity, the collective group needs to meet the criteria of external opportunity. These criteria are: power, repression/facilitation, and opportunity/threat. Power involves the extent to which the groups interactions with other groups favour its interest over those of the others. Acquiring power turns into an increase in favourability over these outcomes and a loss of power is a decrease in favourability (Tilly, 1978: 13). Repression/facilitation involves the cost of collective action to a group resulting from the interactions with other groups; facilitation occurs when an action lowers the contenders cost of collective action (Tilly, 1978:14). Finally, opportunity involves the extent to which groups are vulnerable to new claims, which could increase the groups interest or possibly the groups exposure to new threats, which could decrease the groups interests (Tilly, 1978: 14). Similar to the above concepts, we need all three of these concepts to be fulfilled in order to achieve collective action in terms of external opportunity. This model is a little more complex then the previous one and it shows how each concept is somewhat independent or interdependent of the others.

REPRESSION/FACILITATION → POWER → OPPORTUNITY/THREAT



COLLECTIVE ACTION

(Tilly, 1978: 14).

Therefore, Tilly's concept of social movements depicts how a group can move towards collective action and a common goal. A group must be able to operate from its internal capacity in order to act upon their external opportunities. Later in this chapter, pro-anorexia and pro-bulimia will be analyzed in this context to see whether or not their group can move towards collective action.

Now, all these networks of people pushing for some change are composed by typical dimensions of collective action that one can find in most, if not all, social movements. The following is a summary of the main dimensions present in the literature on social movements.

Summary of Dimensions:

1. Framing:

1.1 Diagnosis of the problem(s)

- Identity
- Perception of adversaries/enemies
- Perception of totality: the perception of the world/society in which they live

1.2. Prognosis (What should be done)

- Solutions/goals

2. Organizations/Resources:

2.1 Resources available in society: the ability of movement's members to acquire resources and to motivate people towards accomplishing the movement's goals.

2.2 Organizations

Framing Processes

The first dimension that will be presented is the framing processes present in social movements. According to Snow and Benford (2000), collective action frames “are constructed in part as movement adherents negotiate a shared understanding of some problematic condition or situation they define as in need of change, make attributions regarding who or what is to blame, articulate an alternative set of arrangements, and urge others to act in concert to affect change” (p. 615).

These collective action frames can be narrowed down into three core-framing tasks. They are called diagnostic, prognostic and motivational tasks and serve to provide the framework of the movement. Together, these serve to help legitimize the beliefs and actions of the group.

The first core-framing task is diagnostic, which involves the development and articulation of injustice frames. This includes the initial recognition that an injustice is taking place, as well as the identification of the ‘victims’ as a result of such an injustice. This framing task also looks at the perception of the adversaries/enemies involved or those who will be attributed blame. This is often considered to involve a mode of interpretation in which such a task is “generated and adopted by those who come to define the actions of an authority to be unjust” (Snow & Benford, 2000: 615). This component of the diagnostic comprises an attributional component. This allows the group to focus blame and responsibility because as Snow and Benford explain, “directed action is contingent on identification of the sources(s) of causality, blame, and/or culpable agents” (Snow & Benford, 2000: 616). Therefore, action can only be exercised if the

source of the injustice has been identified. We will see in this chapter that pro-anorexia and pro-bulimia activists see themselves as being the victims of medical experts.

The second core-framing task of one collective frame is the construction and diffusion of one prognostic. Snow and Benford state that the prognostic “involves the articulation of a proposed solution to the problem, or at least a plan of attack, and the strategies for carrying out the plan” (Snow & Benford, 2000: 616). This relates to the diagnostic, as the possible solutions are often contingent on how the problem has been identified, as well as to whom the blame has been attributed. Therefore, depending on what the problem is, who is responsible for it, and who has the power to initiate the change, different strategies may need to be implemented. Again, our analysis hopes to reveal that pro-anorexia and pro-bulimia demonstrate forms of resistance against the medical experts in order to present anorexia/bulimia as solutions or a way of life rather than sicknesses.

Lastly, Snow and Benford include the motivational tasks as the final component of collective action frames. As they state, a motivational frame “provides a ‘call to arms’ or rationale for engaging in ameliorative collective action, including the construction of appropriate vocabularies of motive” (Snow & Benford, 2000: 617). These vocabularies are group-specific and socially constructed and can be seen as the motivation behind many people’s engagement in collective action. Such vocabularies can also serve to provide group cohesion, commitment and organization. Once again, our analysis will hope to reveal that pro-anorexia and pro-bulimia culture is a united force of individuals striving for the same outcome. The vocabularies and motivation behind a pro-ana/mia

lifestyle is very group specific and serves to unite its members whom have a collective focus and goal.

In sum, collective action frames are interpretations that help enable individuals to locate, perceive, identify and label the occurrences within their life space and the world at large, and can be easily used and applied to many networks of social movements within society, such as the pro-anorexia and pro-bulimia websites.

Mobilization of Resources

The main goal of the resource mobilization approach is to put the emphasis on the ongoing problems and the strategic dilemmas of social movements as rational actors, as well as to begin to take seriously many of the questions that have concerned social movement leaders. This approach deals specifically with the dynamics and tactics of social movement growth, decline and change (McCarthy and Zald, 1977: 1213). According to McCarthy and Zald, “the resource mobilization approach emphasizes both societal support and constraint of social movement phenomena. It examines the variety of resources that must be mobilized, the linkages of social movements to other groups, the dependence of movements upon external support for success, and the tactics used by authorities to control or incorporate movements” (McCarthy and Zald, 1977: 1213). The resource mobilization theory “emphasizes the variety and sources of resources; the relationship of social movements to the media, authorities, and other parties; and the interaction among movement organizations” (McCarthy and Zald, 1977: 1212).

There are many central concepts involved in the resource mobilization approach. The first is that social movements are made by social movement organizations (networks of organization if we follow the more recent relational approach proposed by M. Diani

and others). A social movement organization is a series of complex formal organizations, which identifies their goals with the preferences of a social movement and attempts to implement these goals (McCarthy and Zald, 1977: 1218). All social movement organizations that have as a goal the attainment of the broadest preferences of a social movement constitute a 'social movement industry' and the 'social movement sector' consists of all social movement industries in a society no matter to which social movement they are attached (McCarthy and Zald, 1977: 1220). Another important idea is that the potential 'beneficiaries' are those who would benefit directly from social movement organizations' goal accomplishment; and the 'conscience adherents' are individuals and groups who are part of the appropriate social movement but do not stand to benefit directly from the social movement organizations goal (McCarthy and Zald, 1977: 1221-1222). So, in the case of pro-anorexia and pro-bulimia websites, it means that the individuals living a pro-anorexia or pro-bulimia lifestyle are the logical beneficiaries who are potentially striving towards the social movement organizations goal. In this sense, more or less formal organizations could be visible signs of a proto-movement of a potential, emerging and larger movement. The becoming of any proto-movement is unpredictable but can be studied. It depends on its internal and external relations, and more specifically, on the success of its framing and resource mobilization actions.

Each social movement organization has a resource mobilization task in which they have a set of target goals of preferred changes toward what claims to be working for them. These goals can be broad or narrow, and they link social movement organizations with particular social movements and social movement industries. What really matters for us here is that: "In any case, resources must be controlled or mobilized before action is

possible. Mass constituents, adherents, bystanders, and opponents are those individuals and groups controlling very limited resource pools. The elites are those who control the larger resource pools” (McCarthy and Zald, 1977: 1221). We will see later how those individuals living a pro-anorexia or pro-bulimia lifestyle mobilize their resources through the use of the Internet. This web of organization has helped facilitate this particular group towards potential collective action.

There are a couple of hypotheses made by McCarthy and Zald (1977) to state the interrelations among the social structure, the social movement, the social movement organization and the social movement industry. The first hypothesis is that, “as the amount of discretionary resources of small and elite publics increases, the absolute and relative amount of resources available to the SMS increases” (McCarthy and Zald, 1977: 1224). The second hypothesis is that, “the greater the absolute amount of resources available to the SMS the greater the likelihood that new SMI’s and SMO’s will develop to compete for these resources” (McCarthy and Zald, 1977: 1225). The last hypothesis is that, “regardless of the resources available to potential beneficiary adherents, the larger the amount of resources available to conscience adherents the more likely is the development of SMO’s and SMI’s that respond to preferences for change” (McCarthy and Zald, 1977: 1225). In one case, it is difficult to link the available resources in society to the emergence of pro-anorexia and pro-bulimia organizations. However, it is clear that as the number of available websites, blogs and forums increases to the pro-ana/mia population, the greater the amount of resources that become widely available amongst the group. Collectively the group could increase and create a greater interest amongst their

population. The greater the interest and organization of this group, the closer they will get to mobilizing themselves towards a larger collection action.

Therefore, the resource mobilization theory emphasizes the interactions between resource availability, the organization of structures, and attempts to meet preference demand. Different patterns and structures will affect the strategies of social movement organizations activity in different times and places (McCarthy and Zald, 1977: 1236).

3.2 The analysis of pro-anorexia/bulimia websites

At this point, it might be relevant to summarize the research if we want to understand better what is coming: the analysis of pro-anorexia and pro-bulimia websites. The focus of this research was to analyze pro-anorexia and pro-bulimia websites as forms of a potential emerging social movement, and to see whether or not they demonstrated forms of resistance against the discourses and practices, which define anorexia and bulimia as illnesses or disorders.

This research began with an in depth literature review on relevant content about pro-anorexia and pro-bulimia, as well as issues of eating disorders and body image. Although resources on this topic are available, little scientific research has been done in terms of pro-anorexia and pro-bulimia. I also researched the history of anorexia and bulimia and how it evolved over the years into what we would now know as the medicalization of eating disorders. I overviewed the criteria for the various eating disorders according to the DSM (Diagnostic and Statistical Manual) commonly used by psychologists and other medical professionals. During this research stage, I also set up Google alert searches that were sent somewhere from daily to weekly in frequency to my email inbox. I set up these alerts so that I would receive the websites and topics relating

to pro-anorexia and pro-bulimia most frequently searched through Google's search engine. The key words I used as search topics were: pro-ana, pro-mia, thinspiration, anorexia and bulimia. Throughout the duration of my research, I received nearly 200 emails containing the searched key words which included various websites, blogs, articles, images and some irrelevant stuff as well. I originally set up these alerts to later aid myself when it came time for the website selection process for my content analysis.

Once the background research was complete, I moved on to my theoretical section. The main theory used in this research is social movements. I researched various theorists and compiled the relevant points that define these movements and what criteria are necessary for something to be categorized as a social movement. Once this literature review was complete, I then refined my theory in order to identify all the main points and dimensions that I would be using in order to analyze my research in terms of social movements. My theory is broken down into 6 framing dimensions: identity, perception of adversaries/enemies, perception of totality: the perception of the world/society in which they live, solutions/goals, the ability of movement's members to acquire resources and to motivate people towards accomplishing the movement's goals, and the organizations. After my framing dimensions were established, I was able to code them using a simple 1-6 number code. (Refer to Appendix A for Theory Coding for Analysis). After this was complete, I moved on to the website identification and selection process. Since I had already accumulated quite a bit of data from the Google alerts, I went through the emails to find any recent and relevant websites, blogs or galleries relating to my research. Some were used, but lots were discarded because they proved to be irrelevant in content. This set the tone for the rest of the website selection because from these sources I was able to

search the Internet and compile my list of websites. I was able to search the Internet using various pro-ana key word searches that would link me to websites. Once on these sites, they often had lists of other websites and blogs to visit, so this made it easy to access a lot more content. I chose websites and blogs based on a couple of factors; they had to be a form of pro-anorexia, pro-bulimia or thinspiration blog, they had to either still be active websites or updated within the past couple of years, and they had to contain enough content in order to be analyzed. So website selection was for the most part at random as long as the content was available and relevant. I then put together a large list of these websites (Refer to Appendix B) in order to start my analysis.

In order to conduct my content analysis, I printed out all of the main pages for each website in order to facilitate the coding and analysis process. I coded each website simply by identifying it with a W (for website) with an associated number beside it. I analyzed 34 websites in total, so coding ranged from W:1 to W:34 (refer to Appendices A & B). I analyzed the content of each website and coded them in terms of my theoretical dimensions on social movements. After each website, I recorded the coded numbers and the findings beside each website on the list (refer to website/content analysis in Appendix B). After working my way through all of the websites on my list, I completed my analysis and I was ready to move on to the final write up of my research findings.

Over the course of my research and analysis, there were a few factors that presented themselves as limitations to my work. From the time I initially started this research, there were a lot more active websites and by the time I made it the point of website selection and analysis, a lot of them had been taken down or frozen, and lots even removed by network administrators. This proto-movement is dynamic and even from the

point where I compiled my list of websites and to the short time before I started the analysis, some of the sites on my list had been frozen and no longer in use. This greatly narrows down the sample size of websites, blogs and forums that can potentially be used for research. I am sure more stringent policies have been put into place over the Internet, and even social media to block and potentially ban the use of certain terminology and images relating to pro-anorexia and pro-bulimia culture. The resistance of pro-anorexia and pro-bulimia meets resistance. Although there is no shortage on search engines of key words and terms, whether through website content or even image searches using pro-anorexia language, the amount of useful, relevant and active websites has significantly decreased for research purposes. The content is there, but it is definitely becoming more challenging to find, or maybe the language and terminology has evolved by this group of individuals in order to preserve their culture.

Therefore, the reproducibility of this research is very much doable because even though older website content is being removed, I am sure new relevant content will emerge challenging those trying to eliminate the voices of this group of individuals. This is a group of like minded people that use the Internet as a support group for others going through similar experiences. Content analysis can be easily replicated and further research can even be done by conducting a more detailed discourse analysis. The language and terminology used within pro-anorexia and pro-bulimia culture is quite unique and should be further analyzed.

I chose to conduct a content analysis because it is a simple and efficient way to analyze online content and information. Social movement theory was simple to code as the framing dimensions are pretty straightforward, which therefore made the analysis run

pretty smoothly. Simple coding allows for others to reproduce the same kind of research with potentially similar findings and results. The downside to solely utilizing a content analysis is that you become limited within the scope of the information available. You are not interacting or interviewing pro-anorexic and pro-bulimic individuals, so you are not getting a verbal account of their personal experiences. Interviews would require a more extensive research project, ethics and even time, but I am sure these efforts would prove interesting in their findings. Throughout my research, I came across some scientific work based on pro-anorexia and pro-bulimia culture but not a lot has been studied in depth on this subject. In relation to social movements and pro-anorexia, I have not yet come across any specific work analyzing the two in the same research. This originated as a collaborative effort to study and analyze this subject and theory together. Often research on social movements involves groups or sub-cultures of individuals working together towards a common goal or ideal; so once my research topic came to fruition, it made sense to analyze this specific group of individuals, which can be viewed as a sub-culture of like minded people to see if what they are doing can be viewed as a type of social movement.

3.3 What did I find?

So, the findings of the research were obtained after completing the analysis of 34 pro-anorexia and pro-bulimia websites. Furthermore, the following findings are based on coded analysis of my theoretical framework on social movements. Inferences are made relative to researching whether or not their discourses demonstrate forms of resistance against the discourses and practices defining anorexia and bulimia as illnesses. Can these

findings allow this sub-culture of individuals and their practices to be viewed in terms of a proto-social movement?

3.3.1 Identity

The first framing dimension is the identity. In social movements this is the recognition of injustices as well as the identification of victims in result of these injustices (Snow & Benford, 2000: 615). In relation to my research, this framing dimension was used to identify the webmaster or voice of the website. If present, this dimension identified the webmaster by either stating their name, a description of them, a description of their pro-ana/mia website and even pro-ana/mia names which almost seemed to portray an alter ego. This mainly served as their identification as either a pro-anorexia or pro-bulimia website or as a pro-anorexic or pro-bulimic individual. This dimension in itself is pretty unique to these types of websites as most of the webmasters seem to be very open about their association as pro-ana/mia, and on why they choose this as their lifestyle choice. Several of these websites offer disclaimers upon entering the site or have some kind of warning on the main page informing website visitors of the sites nature and content. Out of the 34 websites that were analyzed for this research, 32 of them were coded with a number 1, specifying that the host of the websites identified themselves or their websites as pro-anorexia or pro-bulimia. Of the 2 websites that did not identify themselves, one was a very short blog with a few short blog posts containing insight into the bloggers diet and focus, but they did not state anywhere who they were nor their association with pro-ana/mia. The second website that did not identify themselves was a diet guide and it simply did not fulfill this specific dimension. An interesting point between all of these websites, is that all the website hosts that identified

themselves were female. I did not discover any websites, even the ones that were not included in this research, to have any male or other identified gender to be host to these types of websites. That is not to say that there are no other genders that partake in pro-anorexic or pro-bulimic websites or lifestyles. I just simply did not come across any during my research and findings.

In relation to my research and the theory on social movements, the identity serves a major purpose. For the content of these websites, it serves as the individual identification of the person hosting the website, as well as representing their voice on taking their stance, as someone living out a pro-anorexia or pro-bulimic lifestyle. These individuals represent a very specific demographic of people which seems to be mainly prevalent on the Internet and through social media. The Internet and social outlets are used as platforms to get their messages out and have their voices heard to not only help attract like minded individuals but to also be able to get their stories out there in a public realm.

3.3.2 The adversaries/enemies

The second framing dimension is the perception of adversaries/enemies. In social movements this task looks at those adversaries and enemies that are involved in the conflict, or the ones that will be attributed blame (Snow & Benford, 2000: 615). This task also allows a specific group to focus blame and responsibility all the while involving some interpretation in defining actions of authority as potentially unjust (Snow & Benford, 2000: 616). Action against injustices can only be exercised if sources have been identified.

In relation to my research, this framing dimension was used to identify the adversaries and enemies of the pro-anorexic and pro-bulimic individuals. Adversaries and enemies in my research presented themselves as medical professionals such as therapists and doctors as well as family, friends, fat and food. Food was often portrayed as an enemy throughout my analysis as most of these women are fighting so hard against it in order to lose weight. An example of this from W34: “I’ve managed to not lose anymore, but then I’ve also managed to not gain. I’m very fat though. Summer is coming up and I’ve kinda totally had enough of being fat. My life is finally in order and I am not going to let being fat ruin that. Today I have had 750 cals about consisting of beetroot juice (I’m trying to anti-oxidise), special k crisps (95), vegan pie with ketchup (500) and almond milk hot chocolate(80). These are rough numbers of course” (Fat Piggy, 2014). Another example from W25 demonstrating family and food as adversaries: “So my granny took me to mcdonalds for breakfast today. Wow, seriously healthy NOT! I had to get a freaking bacon and egg gross muffin thing. UGH! You could practically smell the grease and fat. I hid a load in my pocket, then spent the next hour in the toilet purging it out. It was absolutely awful. I really hated it. I hope to god I didn’t digest any of it, or else it would be just terrible” (Marceline, 2012). Out of the 34 websites that were analyzed, 20 of them were coded with a number 2, specifying their perception towards their particular adversary or enemy. Many of these young women battled hiding their lifestyle from their families and friends, and frequently in their comments and blog posts, they would mention how they would go around these obstacles in order to continue living their lives in this manner. They perceived these adversaries or enemies in a negative way because, in one way or another, each of the medical professionals, family members,

friends and food all presented limitations or difficulties on how they could proceed and achieve their body weight goals. An example of this from W18: “Don’t be stupid. If you wish to continue eating habits in order to lose weight DON’T tell other people. If you wish to quit DO TELL other people. If you are Pro-Ana, it means protecting Ana at all costs – don’t tell your parents or your therapist/counselor, don’t even tell your best friend. Ana is a secret, and she is unique for every person. In order to continue to help you, she must be at all times a complete secret. This also means your eating habits have to go unnoticed. Only eat around other people so they won’t be suspicious, purge quietly, put out dirty dishes, ANYTHING to keep others from being suspicious, because it will be harder for Ana to do her work if they do” (Belle, 2011). Another example of this from W4: “Recovery tells me that not eating is the pursuit of death. Ana tells me that not eating is the pursuit of happiness. Now my trainer tells me NOT to eat for the next 2 weeks. So either my trainer is a total nut job, or all those dimwits at the clinic lied to me. I’ll let them duke it out while I sit over here and starve. And grin. Who’s with me? Two solid weeks of no food! Only juice, water, and vitamins (if you can stomach them). Let’s go, darling. A toast to being lighter on July 9th than we are today. Starve on!” (Ana Regzig, 2013). Throughout my analysis and findings, I realized that the victimization of these pro-anorexia and pro-bulimia individuals went beyond just the medical experts to include other sources as enemies, which are not always human actors. Food became a major enemy and adversary because of the frequency in which it is discussed on the websites. An example of this from W18: “Today I cut an apple into 4 pieces, and ate 1 slice for breakfast plus a tbs of peanut butter so about 130 cals. For snack I had mini york patty (50). For lunch another slice of the apple (30) and cornbread (about 200) so in all

410 cal all before DINNER!!! I am SO SAD. Even as I am typing this I feel extremely hungry, and am gulping water like crazy. It's amazing how quickly everything adds up in a day. I was hoping to fast today because I wanted to get the full affect of my run, but it didn't happen. ☹" (Belle, 2011). A lot of their lives are revolving around avoidance and resistance to food, as well as trying to hide their lifestyle from other people involved in their lives. An example of trying to hide their lifestyle is evident in W16: "I guess I never told you guys that my mother found a bunch of diet pills I had been hiding in my room...she freaked out and gave me my months notice. I convinced her otherwise but I am still afraid that it may pop up again or she will make me go see a shrink" (Glynn, 2013). Some of the comments and posts mentioned how difficult of a time they had trying to avoid food while around family members, so they often had to resort to lying in order to get out of planned meals. Some pro-ana's seemed to have been more closely watched by their family and friends because there was mention on how they would get frequently questioned about their eating habits and weight. An example of this from W32: "At least I'm going away for 2 weeks next Wednesday, am looking forward to it I guess tho I'm worried about what they'll say. Mum doesn't get it and says they won't notice anything, but even if they don't, 2 weeks with lots of family and people is pretty intense and I'm not sure how much time I'll get on my own just to chill out. *sigh*" (Lowz, 2007). Overall, more than half of the websites analyzed presented some form of adversary or enemy. These numbers come mainly from the blog style websites where the individuals open up more in their writing about their personal experiences.

3.3.3 Perception of totality

The third framing dimension is the perception of totality. In social movements, this task looks at the perception of the world or society in which these individuals live. In relation to my research, this framing dimension was used to give the perception of the world of the pro-anorexic and pro-bulimic individuals. This framing task allowed a direct entry into the world of these individuals. This brought forth the voices and opinions of the pro-anorexics and pro-bulimics, and allowed for a more in-depth look into their lives. A good example depicting lifestyle choices from W20: “So must there be something slightly different about us, whether it is a misfiring in the brain or a personality glitch? I don’t think so. I think it comes down to choices. Yes we may be slightly more perfectionist than most but at the end of the day it is a lifestyle choice. Because it is how we want to live our lives as we are not happy with how we are at this moment. So why the hell shouldn’t we be able to change ourselves in any way we please? If we should have any right, it should be the right to our own bodies. There is not a lot left in life that is truly ours, apart from our mind, our body and our choices” (Jessica, 2012). Out of the 34 websites analyzed, 25 were coded with a number 3, specifying the perceptions of their personal lives as well as their personal accounts of their lifestyles, including any and all of their trials and tribulations. Another good example demonstrating an individuals internal struggle and darker views on Ana comes from W18: “Well, if I didn’t live with my parents, it would be SO much easier. But I do, so I have to work around their expectations. No one accepts Ana, they think she comes to you unexpectedly, and you have no chance of escape. But in my view, people seek her out, her help, consciously or unconsciously. Their desire to be perfect draws them to her, and she helps them. She

takes them and makes them powerful, and in turn they give her their pain. She takes their pain away and recycles it into another, and so the cycle continues. The ones that follow her devotedly get results and perfect themselves and grow stronger, and more mentally tough. These are the survivors, the fighters and the winners. They are the people who do not have to doubt themselves, because they have passed Ana's test and know they deserve everything they achieved. Ana makes people stronger, builds their courage and willpower if you know how to follow her, not as an idol but as a friend. A mentor. Is this Ana the same as anorexia? No, this is the Ana I see, my perception of her. And a perception is just that – something you use to put a face to an unknown. So make your own perception, your own opinions and follow your own path. But this is mine. And I plan to walk hand in hand with Ana. I forged a deal with her, and will uphold my end of the bargain. In the end, I will see results" (Belle, 2011). The viewpoints of this group of people seem skewed when you are reading through their accounts, mainly because their struggles seem so different and on such an extreme end of a spectrum that it seems difficult to relate. But their struggles are real and being able to hear their personal accounts from their vantage point gives you a clearer understanding on what it must be like to live this lifestyle. The lives of these pro-anorexic and pro-bulimic individuals is dominated by family, friends and doctors. They live in a world consumed by images, food, and weight loss. Their lives appear to be an on-going struggle to obtain their goals, but often losing this battle. Another good example from a blog that took a more pro-active pro-ana approach was W33: "You have stumbled upon Ana's underground grotto. This is a gathering point for sentient individuals who are working to cause changes to occur in body in conformity to will. There are no victims here, and maturity is measured

in the acceptance of personal responsibility, not the number of birthdays survived. This is not a place for the faint-hearted, weak, hysterical, or those looking to be rescued. This is not a place for those who bow to consensus definitions of reality or who believe in the cancerous fallacy that there is any other authority on earth besides their own incontrovertibly self-evident, inherent birthright to govern themselves. This is a place for the elite who, through personal success in their ongoing quest for perfection, demonstrate daily the power and results of applying will, imagination, creativity and effort towards meeting their goals” (Ana Girl Empath, 2012). Blog style websites were the main source for this dimension because it really allowed for the liberal accounts of their daily lives and activities. The pro-anorexic and pro-bulimic individuals involved with these websites truly view their lifestyle as a choice. They are firm believers in their practices and vow to follow a pro-ana lifestyle. They see and describe themselves as fighters, survivors and even supporters of this lifestyle, its challenges, and its practices. Their worlds are often made up of people and obstacles challenging them to either give up or keep fighting through to maintain their pro-ana/mia ways. They maintain that no one besides like-minded individuals understand what it means to be pro-ana, and therefore, tend to avoid and resist those preventing them from achieving their goals. Pro-ana/mia seems to give these individuals hope, confidence and even self-worth. It allows them to identify themselves and to serve a purpose, all the while belonging to a group who share the same views and ideals. A higher majority of this dimension was coded throughout the analysis because the websites gave some kind of story or account of their lifestyle as pro-anorexic or pro-bulimic through their own writing, or even comments written to other followers of their site. I believe that the Internet is used as a major platform for this group or sub-

culture of individuals to allow their stories and voices to be heard. As an online community of like minded individuals, it is easier for them to come together to be supportive of each other and to get their voices out there so they can take their stance. An example and statement outlining this from W29: “Ana is beautiful, it is the key to true beauty. Ana gives you a reason to live, to strive for perfection, to show to yourself that you’re WORTH a damn!” (Copelia, 2014). I believe this online community gives off a presence that is not typical of other groups. The images, stories and support is very distinct and unique to this group all the while making a very bold statement about the ways in which they choose to live their lives.

3.3.4 Prognostics

The fourth framing dimension is the solutions and/or goals of the group. In social movements, this task looks at proposed solutions to the problem or at least ideas and strategies on how to execute the plan of attack (Snow & Benford, 2000: 616). This dimension is directly related to the identity as well as whom blame can be attributed. In relation to my research, this framing dimension was used to identify the solutions and goals of the pro-anorexic and pro-bulimic individuals.

This task was solely related to diet and weight goals. Out of the 34 websites that were analyzed, 27 of them were coded with a number 4, specifying their specific and individual goals. Collectively, all of the websites had the same themes as their respective goals, such as weight loss, food and exercise. Throughout some of the websites, they did share the common pro-ana/pro-mia theme of unity as a member or supporter of this lifestyle. Throughout the majority of the websites, the hosts had a section or post dedicated to their individual weight loss goals. Most of them stating their current weight,

as well as a goal weight and often an ultimate goal weight. In the blog style websites, the pro-anas and pro-mias would frequently post about their ups and downs in terms of weight loss. You could read their personal accounts and struggles on how difficult it is to avoid and resist food. A lot of the websites offered support either directly from the webhost or through other pages and galleries of tips and tricks of common issues they are faced with in relation to food. A common feature on a lot of these websites are image galleries of either motivational quotes or pictures of celebrities and models in order to help achieve their desired goals. This is how they resist: on an individual basis, they challenge the medicalization of anorexia/bulimia by developing and sharing tricks or strategies to lose weight, and to avoid food. The management of their thin bodies is a form of resistance and affirmation as subjects. This served as their goals and ideals in which they wanted to achieve for themselves and it was commonly referred to as thinspiration, but it is not purely individual action. I believe these individuals may have had more successes in achieving their goals by being so open about their ideals because they have the support of others going through the same experiences. All of the like-minded individuals living this lifestyle all take an interest in each others journeys and offer support and guidance, to others because they want to help them achieve these desired goals, and ultimately see them succeed in their attempts. This sub-culture can even be viewed as problem solvers by the ways in which they offer advice and support to one another. Although the information and support they are sharing may seem extreme to most, their attempts at support are genuine and relatable amongst their peers. The weight loss goals of this specific group differ from the average individual trying to lose weight by more or less their extreme measures that they will take in order to do so. They are

trying to lose as much weight as they can in order to be as thin as they can. They are the ‘radicals’ of a larger culture based on beauty, self-control, and the quest for visible success. In other words, they are choosing this for themselves and they accept the struggles it takes in order to achieve these ideals. This trend or sub-culture of people refer to pro-anorexia and pro-bulimia as a lifestyle, so in another sense they are choosing to live this dangerous lifestyle but are trying to do it the safest way that they can. This also allows them to challenge the idea that they are ‘sick’ and need help from specialists. Not a single one of the websites analyzed had one of the pro-anas or pro-mias identify themselves as being sick. They do not see themselves this way because from their tell-tale accounts, they appear to be people just living their lives even if their daily activities and focuses differ from the norm. These websites serve as stories of their lives and journeys through this lifestyle, not on the focus and recovery of any specific illness.

3.3.5 Mobilization of resources

The fifth framing dimension is the resources that are mobilized by the resisters. Here, we could study all the resources (money, computers, know-how, etc.) used to manage the pro-anorexia and pro-bulimia websites. We will restrict ourselves to the ability of the movement’s members to acquire resources in order to motivate people towards accomplishing the movement’s goals. This task is connected to framing activities and it is used as a motivational frame which engages the groups members into collective action, including the use of motives and appropriate vocabularies. These vocabularies serve as a form of unity to provide cohesion to a group potentially resulting in the group’s engagement in collective action (Snow & Benford, 2000: 617).

In relation to my research, these websites served as a catalogue of information as well as galleries of images and dieting tricks. A lot of the forums served as support on how to live the pro-ana lifestyle, and how to go about living this way and keeping it a secret from close family and friends. All 34 sites were coded with a number 5. Each website contained information and resources for fellow pro-anas to either stay on track or to motivate them to live this lifestyle. The language used amongst this group of individuals is very unique to this sub-culture. Terms like pro-ana, pro-mia, thinspiration, thinspo, ana, mia all serve as a form of identity for this group to set themselves apart. Another common feature on these websites are things like the thin commandments (Refer to page 24) which serves as a lifestyle guide for the fellow pro-ana to abide by. The Internet serves as a major resource for this group of individuals, while their websites serve as resources in themselves for other like minded individuals to visit to find the support and motivation they need to live this way. Endless amounts of pictures, advice, tips and tricks, recipes and videos serve as the fueling source for this type of individual with very specific goals and ideals. I believe this online community serves as the perfect support and motivational grounds for such a group. These like minded people will thrive off each other's accounts because they will use them as resources on their own personal journeys. These sites in their entirety serve as a source of motivation and resource guide to anyone looking to live out this lifestyle. The resources available are definitely extreme and should most likely not be viewed by those sensitive to this type of material. I do not see it as a triggering or motivational point to someone not sensitive to this subject, but for someone dealing with any body image issues, the nature of the content may be influential. The ability of this group's members to acquire these motivational resources is very easy

because it is readily available and at their disposal. Throughout this analysis it has become very evident that the culture revealed amongst pro-anorexia and pro-bulimia individuals is prevalent amongst this online community. They are a group of individuals that are united by these resources and common vocabularies to take their stance and allow their voices to be heard in order to strive for a common outcome. These websites, languages and resources serve to unite their members towards a collective focus and goal.

3.3.6 Organization

The sixth and final framing dimension is organization. In social movements, this task looks at the organization of the group and how they collectively come together. In relation to my research, this framing dimension was used to demonstrate how the pro-anorexic and pro-bulimic individuals came together collectively as a cohesive group. Out of the 34 websites analyzed, 28 of them demonstrated some form of organization beyond the existence of the websites, or through them. With online media and websites, rounding up followers to groups makes it significantly easier. Commonly on these sites there are options where subscribers and followers can follow their favourite blogs and have them linked to their own personal websites. The most common forms of organization was to follow or subscribe to the blog/website, to email the webmaster as a form of support to show their unity and solidarity for each other, to join forums where other like minded individuals could chat and another option was to purchase a red pro-ana bracelet which symbolized being a supporter of the pro-ana lifestyle. These features were prevalent amongst the personal websites and blogs and were not featured on the type of websites that solely featured picture galleries or thinspiration content. Once again, the online community serves a major purpose for this group of individuals. The Internet platform

allows for these like minded people to find each other and come together to support each other in a common space. The language used and the common goals are uniting forces that attract these individuals together, and I believe that the Internet and social media platforms will only continue to see the online presence of this group grow as it has become far too easy with our technology to have these types of resources available to persons seeking this kind of information and support.

Conclusion

Overall, out of the 34 websites that were analyzed for this research, 12 of the sites fulfilled all 6 dimensions for a social movement. Also, 9 of the websites fulfilled 5 of the dimensions and not a single website had less than 3 of the required dimensions. For each single coded dimension 32 were coded number 1, 20 were number 2, 25 were number 3, 27 were number 4, 34 were number 5 and 28 were number 6. Although only one (number 5) of the coded dimensions were found within each single website, all of the others showed significant findings. So, are there any relationships between the sub-culture of pro-anorexia and pro-bulimia individuals and whether or not their lifestyle choices demonstrate forms of resistance against the discourses and practices defining anorexia and bulimia as illnesses? Yes, resistance came about in various non direct ways throughout the course of my analysis. There were examples of resistance towards the medicalization of eating disorders. Several of these pro-anorexic individuals resisted against their families, friends and even medical professionals in order to live pro-ana as a lifestyle choice rather than someone suffering from a disorder or condition. Pro-ana and pro-mia culture does not define themselves as being ill, even though some will acknowledge that they know they would be diagnosed with an eating disorder if treated by a medical professional. Their personal stories and accounts make it clear how living this way defines them and the ideals they want to achieve. The resistance and avoidance of food was also prevalent amongst the bloggers in order for these individuals to work towards their common weight goals. Avoidance and resistance to one of the basic life necessities is an extreme measure when you try to rationalize that this is done by choice.

These individuals have unified themselves and taken a stance on their own classification of beauty. These individuals are taking a much more radical and extreme approach to defining their goals and lifestyle. I believe these individuals have come together in this online community as a means of support for like minded individuals. Through the use of the Internet and social mediums, they have created an outlet and platform for themselves to be heard. So why are these individuals demonstrating forms of resistance? I believe that through their stories and having their voices be heard, they are demonstrating a different way of looking at the body in terms of beauty. This online community or sub-culture of people almost serves as a proving ground to others in a very open and public way. This open community is easily targeted for judgment by those not understanding their life choices, yet pro-anorexic and pro-bulimic individuals continue to put themselves out there publicly and confidently for all to see because they are not ashamed of their own accounts.

Two of the websites that I analyzed (W:6 & W:33) were very specific in demonstrating activist and revolutionary approaches to resistance in relation to pro-anorexia. Both of these websites contained content that varied somewhat from the traditional pro-ana and pro-mia website or blog. Both of these sites demonstrated a more activist stance, and one site even claimed to be a second wave pro-anorexia site that went beyond the traditional sites to this one which promoted fighting for the rights of anorexics and bulimics. It even states that it is a revolutionary approach to the first wave pro-anorexia websites, but it is even evident that this site (W:6) is resistant of the first wave pro-ana websites. This is a typical situation of social movements, which are quite often composed by 'moderate' and more 'radical' organizations. The other website (W:33) also

demonstrates resistance to the typical pro-ana and pro-mia websites and it differs as well in its activist approach. It claims that it is a pro-active pro-anorexia website that offers support to those suffering with restrictive eating disorders. This website takes their stance on how the presence of pro-anorexia websites actually help those suffering from eating disorders, demonstrating their resistance to those that believe that pro-anorexia websites are harmful and influential to those suffering from an eating disorder pathologically.

So considering all the forms of resistance found throughout this online community, is it safe to say that the stance and presence they make are grounds for a new social movement? Although the findings and numbers from the analysis were not completely saturated, I believe that given the number of dimensions that were coded for each website demonstrated an effective response in relation to this particular sub-culture of individuals, and how their voice and actions have played a significant and influential presence throughout the online platform. I can see this perhaps taking on the form of a proto or emerging movement because of the groups specific goals and values and on their unique approaches to resisting and changing the dominant viewpoints in society.

As a suggestion for future research, it would be a good idea to conduct a content analysis using solely the same format of websites and/or blogs. Because I was looking for the most active and current websites, I decided to select any style of site for my analysis. Although the findings I received for my analysis gave a good overall representation of social movement dimensions and criteria, it could have been even more consistent had the same formats of websites been used. The websites that did not fulfill as many coded dimensions, were mainly websites that did not follow a blog format. These websites

offered a different variety of information compared to the blog sites, which were more personal accounts of pro-ana and pro-mia individuals.

In sum, the online presence of pro-anorexia and pro-bulimia culture is ever present and will most likely continue to be through various online social mediums. Through a content analysis, this research found that individuals choosing to live the pro-anorexia and pro-bulimia lifestyle have demonstrated various forms of resistance against medical professionals, family members, friends, food and even more ‘moderate’ pro-ana websites. Common discourses and practices tend to pathologize and medicalize anorexia and bulimia as eating disorders, but this sub-culture of pro-ana and pro-mia has taken a stance and given themselves a voice through the use of the Internet to allow their own personal accounts to be heard. These like minded individuals have found a way to unify themselves and use these websites as a means of support for each pro-ana and pro-mia individual choosing to live this as a lifestyle. Anorexia has changed over the course of centuries from how it was originally viewed, from something such as a hunger strike or a holy act, to what has evolved into a radicalized movement of people choosing to live this way. With the information gathered in relation to the theoretical approach to social movements, pro-ana culture seems to fulfill the dimensions to be considered a social movement. Although the numbers were not completely saturated, the findings still produced some significant numbers and could potentially be considered a proto movement because of its stance and online presence. Although the availability of some online resources such as websites and blogs continue to be shut down because of its sensitive nature and potentially influential content (the resisters are resisted), I believe this community will continue to thrive as new social mediums are becoming ever present,

which will allow this sub-culture of pro-ana/mia individuals to continue to find creative outlets in order to be heard. Social movements evolved throughout their interactions with other actors, such as their adversaries.

Appendices

Appendix A - Theory Coding for Analysis

Summary of Dimensions of Social Movements:

1. Framing:

1.1. Diagnosis

- Identity **(1)**
- Perception of adversaries/enemies **(2)**
- Perception of totality: the perception of the world/society in which they live **(3)**

1.2. Prognosis (What should be done)

- Solutions/goals **(4)**

2. Organizations/Resources:

2.1. Resources available in society: the ability of movement's members to acquire resources and to motivate people towards accomplishing the movement's goals. **(5)**

2.2. Organizations **(6)**

SM = social movements

FP = framing processes with associated number (1,2,3,4)

MT/R: motivational tasks/resources with associated number (5,6)

W = websites with associated number (1-30 etc.)

W1:	W11:	W21:	W31:
W2:	W12:	W22:	W32:
W3:	W13:	W23:	W33:
W4:	W14:	W24:	W34:
W5:	W15:	W25:	
W6:	W16:	W26:	
W7:	W17:	W27:	
W8:	W18:	W28:	
W9:	W19:	W29:	
W10:	W20:	W30:	

Appendix B - Websites Used for Analysis

Directory:

<http://edirectory.tumblr.com>

Forums:

<http://www.myproana.com>

<http://forum.proanaonline.com>

<http://www.snowflaketapestry.com>

<http://prettythin.com>

<http://www.mianaland.com/welcome.php>

Blogs/Websites: (Used for analysis)

<http://scn.youngeasy.com/list/Bulimia/1.html> (W1: 1,2,3,5)

<http://thinintentionsforever.blogspot.ca/p/pro-ana-tips.html> (W2: 1,2,3,4,5)

<http://anabootcamp.weebly.com/index.html> (W3: 1,2,5,6)

<http://anaregzig.blogspot.ca> (W4: 1,2,4,5,6)

<http://ana-bella-addict.over-blog.com> (W5: 1,2,3,4,5)

<http://www.houseofthin.com> (W6: 1,2,3,4,5,6)

<http://mizzannarexxis.weebly.com> (W7: 1,2,5,6)

<http://www.i-will-be-thinspiration.com> (W8: 1,3,4,5,6)

<http://iloveanamia.webs.com/thinspiration.htm> (W9: 1,3,4,5,6)

<http://skinnymaybeplease.tumblr.com> (W10: 1,3,4,5)

<http://dricravesskinny.tumblr.com> (W11: 1,4,5,6)

<http://theproanalifestyleforever.wordpress.com> (W12: 1,2,3,4,5,6)

<http://thinspo.pink-pistol.net> (W13: 1,5,6)

<http://jrny2thin.tumblr.com> (W14: 4,5,6)

<http://highwaytobeautiful.tumblr.com> (W15: 1,2,4,5,6)

<http://proanabyglynn.blogspot.ca/p/thinspo.html> (W16: 1,2,3,4,5,6)

<http://missanamia.wordpress.com/tips-pro-mia/> (W17: 1,3,4,5,6)

<http://anaandmia.wordpress.com> (W18: 1,2,3,4,5,6)

<http://thinprettyloved.wordpress.com> (W19: 1,4,5,6)

<http://poisonedshadow.wordpress.com> (W20: 1,2,3,4,5,6)

<http://worldwarmia.wordpress.com> (W21: 1,2,3,4,5,6)

<http://yummy-secrets.blogspot.ca/?zx=cfe5ab03cb160561> (W22: 1,2,3,4,5,6)

<http://sk1nnylove.blogspot.ca> (W23: 1,3,4,5,6)

<http://ajourneytobones.blogspot.ca> (W24: 1,2,3,4,5,6)

<http://thinspirationalwakeupcall.blogspot.ca/p/purging-tips.html> (W25: 1,2,3,4,5,6)

<http://aguidetoperfection.weebly.com/index.html> (W26: 1,2,3,4,5,6)

<http://www.proanaticsandtricks.net> (W27: 1,3,5,6)

<http://gettingtounder100.blogspot.ca> (W28: 1,4,5)

<http://copelia.brinkster.net/701.html> (W29: 1,3,4,5)

<http://www.2medusa.com> (W30: 1,3,5,6)

<http://howtobethin.tumblr.com/post/3766089411/how-to-purge> (W31: 3,4,5,6)

<http://www.freewebs.com/bulymia/proanapage.htm> (W32: 1,2,3,4,5,6)

<http://project-shapeshift.net> (W33: 1,2,3,5,6)

<http://zerointentions.blogspot.ca> (W34: 1,2,3,4,5,6)

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